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ABSTRACT

As a response to changing societal needs in an increasingly complex world, the stated goals of this guide is to present a model, sound in theory and practice, that will enable educators to encourage children and youth to make healthy living decisions that enhance the well-being of the individual, the family, and society. The comprehensive curriculum is presented in major divisions, each linked to others philosophically and programmatically. These major divisions include life-span development, life skills, human sexuality, and prevention/intervention. Methods for implementing this curriculum are discussed, focusing on the topics of administrative support, staff development, parent and community involvement, evaluation, and strategies for teaching students with special learning needs. The appendices include a glossary of human sexuality terms; a worksheet for service planning for students at-risk; a list of warning signals of suicide; checklists for assessing characteristics of schools, families in the schools, and the family-school relationship; a flow chart for a human growth and advisory committee; and guidelines for informing the public about the human growth and development curriculum. (ABL)

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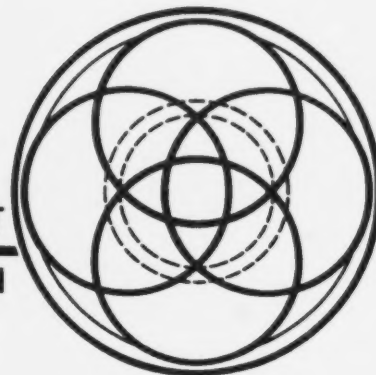
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A GUIDE TO CURRICULUM DEVELOPMENT
IOWA DEPARTMENT OF EDUCATION



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HUMAN GROWTH AND DEVELOPMENT

A Guide to Curriculum Development

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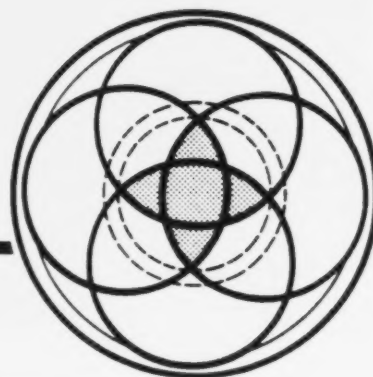
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HUMAN GROWTH AND DEVELOPMENT

BACKGROUND

- Human Growth and Development Committee
- Acknowledgments
- Introduction
- Historical Perspective
- Mission and Goals
- Curricular Overview



Human Growth and Development Committee

Betty B. Armstrong, M.S., C.H.E.
Consultant, Home Economics
Department of Education
Des Moines, Iowa

Susan Dallager Asklof, B.S.
Wellness Supervisor, Health Educator
West Des Moines Community School
District
West Des Moines, Iowa

Bonnie R. Benesh, M.A.
Director of Curriculum and Instruction
Newton Community School District
Newton, Iowa

Daniel K. Bitner, M.A.
Elementary Principal
Ottumwa Community School District
Ottumwa, Iowa

Dianne Blackmer, M.S.
Curriculum Director
Jefferson Community and Scranton
Consolidated Schools
Jefferson, Iowa

Cheryl Budlong, Ed.D.
Assistant Professor
Wartburg College
Waverly, Iowa
Director, Project PREPARE
University of Northern Iowa
Cedar Falls, Iowa

Charlotte J. Burt, R.N., M.A.
Consultant, School Health Services
Bureau of Special Education
Department of Education
Des Moines, Iowa

Cheryl Christie, R.N., B.S.N.
Manager, AIDS Prevention Program
Department of Public Health
Des Moines, Iowa

Pat Conn, M.A.
Health Consultant
Northern Trails Area Education
Agency 2
Clear Lake, Iowa

Maggie Jensen Connet, B.A.
Program Director
Young Women's Resource Center
Des Moines, Iowa

Dennis Cryer, Ph.D.
Coordinator of Health Education
Division of Health Education
University of Northern Iowa
Cedar Falls, Iowa

Nadene Davidson, M.A.
Instructor
Price Laboratory School
University of Northern Iowa
Cedar Falls, Iowa

Miriam Temple Dawes, M.A.
Consultant, Adult Education
Bureau of Area Schools
Department of Education
Des Moines, Iowa

Elain Edge, M.S.
Consultant, AIDS Education
Bureau of Instruction and Curriculum
Department of Education
Des Moines, Iowa

Jerry Einwalter, M.A.
Lead Teacher
Gordon Willard Alternative Education
Center
Fort Dodge, Iowa

Dianne Fagner, L.S.W.
Executive Director
Iowa Coalition Against Domestic Violence
Des Moines, Iowa

Donald Greydanus, M.D.
Director of Pediatrics Education and
Medical Director for Adolescent
Medicine Program
Raymond Blank Memorial Hospital
Des Moines, Iowa

Karen Hardman, M.S.
Teacher
Kanesville Alternative High School
Council Bluffs, Iowa

Joseph P. Herrity, M.S.
Consultant, Community Education
Bureau of Instruction and Curriculum
Department of Education
Des Moines, Iowa

Judith A. Honnold, R.N., M.A.
Executive Director
Great River Mental Health Center
Muscatine, Iowa

Michael Hopkins, Ed.D.
School Psychologist
Area Education Agency 11
Johnston, Iowa

Paul L. Kabarec, Ed.D.
Consultant, Health, Physical Education,
and Recreation
Department of Education
Des Moines, Iowa

John H. Katz, B.A.
Senior Public Health Advisor
Centers for Disease Control
Department of Public Health
Des Moines, Iowa

Maryellen S. Knowles, Ed.D.
Assistant Chief
Bureau of Instruction and Curriculum
Department of Education
Des Moines, Iowa

Timothy Lane, M.A.
Consultant, Adolescent Health
Department of Public Health
Des Moines, Iowa

Nancy McKlveen, M.S.W.
Des Moines, Iowa

Ray Morley, Ed.D.
Consultant, At-Risk, Dropouts, and Homeless
Bureau of Federal School Improvement
Department of Education
Des Moines, Iowa

Eireen Notestine, R.N.
Retired School Nurse
Eagle Grove, Iowa

Jan Olson, M.S. Ed., NCC
Consultant, Career Counseling
Development
Department of Education
Des Moines, Iowa

Madelyn S. Olson, B.A.
Instructor, Health-Life Skills
Linn-Mar High School
Marion, Iowa

Rose Ritchie
Administrative Assistant, AIDS
Prevention Program
Department of Public Health
Des Moines, Iowa

Judy Robb, B.A.
Teacher
North Tama Junior High School
Traer, Iowa

Julie Rosin, M.S., C.H.E.
Supervisor, Home Economics
Des Moines Public Schools
Des Moines, Iowa

Frank Schabel, H.S.D.
Assistant Professor and Coordinator of
Health Studies
Department of Physical Education and
Leisure Studies
Iowa State University
Ames, Iowa

Jerelyn B. Schultz, Ph. D.
Professor and Chair
Department of Family and
Consumer Sciences Education
Iowa State University
Ames, Iowa

Lois J. Schumann, M.A.
Elementary Teacher
Mt. Olive Lutheran School
Des Moines, Iowa

John B. Severson, B.A., M.Div.
Pastor and Author, Family Life Education
Covenant Presbyterian Church
West Des Moines, Iowa

Sister Judith Sheahan, B.V.M., M.E.D.
Schools Coordinator of Education
Des Moines Diocese
Des Moines, Iowa

R. E. Simons, B.A., M.S.
Instructor
Mason City High School
Mason City, Iowa

Janet R. Strahorn, M.A.
Director of Education
Planned Parenthood of Mid-Iowa
Des Moines, Iowa

Deb Synhorst, B.S.
Prevention Specialist
Department of Public Health
Des Moines, Iowa

W. D. Bill Taylor, B.S.
Teacher, Coach
South Hamilton Community School
District
Jewell, Iowa

Elizabeth J. Thompson, R.N., M.S.
Clinical Coordinator, Regional Genetic
Consultation Services
Department of Pediatrics
University of Iowa Hospitals and Clinics
Iowa City, Iowa

Nathan O. Tosten, M.S.E.
Elementary Classroom Teacher
Ames Community School District
Ames, Iowa

Margaret Torrie, Ed.D.
Associate Professor
Department of Family and
Consumer Sciences Education
Iowa State University
Ames, Iowa

Jim Tyson, M.A.
Consultant, School Administration
and Accreditation
Department of Education
Des Moines, Iowa

Sue Updegraff, M.A.
Curriculum Consultant
Keystone Area Education Agency
Elkader, Iowa

Lois Van Houwelingen, M.S.
Instructor, Chapter I Remedial Reading
and Mathematics
Pella Christian Grade School
Pella, Iowa

Janice Von Arb, M.S.W.
Division of MH-MR-DD
Department of Human Services
Des Moines, Iowa

Mary Wiberg, M.A.
Consultant, Vocational Equity
Bureau of Career Education
Department of Education
Des Moines, Iowa

Mary Wilcynski, Ph.D.
Principal
Metro Secondary School
Cedar Rapids, Iowa

Ann Wright, M.A.
Altoona, Iowa

David Wright, Ed.D.
Consultant, Substance Abuse
Bureau of Instruction and Curriculum
Department of Education
Des Moines, Iowa

Patricia A. Young, R.N., B.S.
Nurse Consultant, AIDS Prevention
Program
Department of Public Health
Des Moines, Iowa

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—Maryellen S. Knowles
Human Growth and Development Project Director

Introduction

From conception to death, humans grow and develop. The natural, healthy progression through stages of life can be promoted or impeded. We as educators are increasingly involved in issues that once were the primary domain of home or church. As society is besieged with problems affecting human growth and development, people expect educators to help prevent such problems and to intervene once they emerge. Because of the scope and nature of the problems, educators can play an expanded role. Yet education cannot be the cure-all, nor should it try to accomplish by itself desired changes in student attitudes, beliefs, and behaviors. Interagency coordination, community cooperation, parent involvement, and commitment by all are crucial to ensure healthy human growth and development.

Committee Task

The cooperative and collaborative efforts of many Iowans produced this guide. While the curriculum model is an outcome of a state mandate, the enthusiasm and commitment of those involved underscore the need and desire for such a guide. The committee's intent was to develop a guide theoretically sound, yet practical, to serve as a model or a resource for schools and districts developing curricula for their K-12 human growth and development programs.

Committee Organization

A committee within the Department of Education initially structured the curriculum. Then three subcommittees with chairpersons wrote the curriculum content. Each committee selected a recorder, an editor, and "process" people who would infuse the life processes.

Care was taken to have broad-based representation on each committee: public and private schools, teachers and administrators, teacher educators, area education agencies, colleges and universities, state and private agencies, and the medical community. Attention was also given to gender, geographic, district size, and viewpoint balance.

Philosophy and Beliefs

Life is human growth and development. The knowledge, attitudes, and skills one acquires either enhance or depreciate the quality of life. The underlying purpose of this curriculum is to enhance and encourage understanding and behaviors that will affect life positively for individuals and for a greater society.

The Human Growth and Development Curriculum, to be effective, cannot be divided into isolated sections. The intrinsic complexity of the topics calls for complex treatment. Each area, therefore, is considered in the context of physical, psychological, emotional, moral-spiritual, and social growth as well as in its relation to the total cultural milieu.

Human growth education is best understood as a lifelong process that begins with the family in the home and continues with informal learning from peers, media messages, advertising, religious teaching, and customs. Such family and societal teaching can be augmented in formal education programs such as those contained in this guide.

Ideally human growth and development will not become another subject in the school curriculum. Rather it is a series of interrelated topics. While, according to Senate File 2094, these topics are to be addressed in Health at the 1-12 grade levels, they are not the exclusive domain of Health. It is preferable that they be incorporated into other topics when appropriate. The local district or school should determine a comprehensive, articulated K-12 program, addressing the issues of not only content and materials, but also subject and grade-level integration.

One difficulty in creating a school-based program lies in deciding which perspective to present. Since diversity of beliefs and values is to be expected and respected in a democratic society, this curriculum purposefully includes a variety of viewpoints and resources. Exploring alternatives within the framework of one's own value system increases tolerance of diversity while supporting each individual's right to personal beliefs. Decisions made with respect to self and others should be based on the knowledge of one's own values and an appreciation of one's familial, cultural, and religious heritage.

Historical Perspective: 1980 - 1989

During the 1980s national attention focused on the growing problem of teenage pregnancy and its impact upon society. National studies showed that becoming a parent as a teen drastically increased the likelihood of an incomplete educational program, being unemployed, and becoming a welfare recipient as an adult.

Early in 1986 Iowa established an Inter-Agency Task Force on Adolescent Pregnancy, with representatives from the Departments of Education, Human Services, Human Rights, Economic Development, Employment Services, and Public Health. The task force was coordinated by the Commission on Children, Youth and Families and the Commission on the Status of Women. Its goals were to identify the services and programs already provided by state government to address the problem of adolescent pregnancy and to discover what new services and programs were needed. An additional goal was better coordination of services among state agencies.

During the fall of 1986 the Legislative Interim Committee on Teen Pregnancy met to hear testimony from state agencies, professionals, and others interested in reducing the rate of teen pregnancy in the state of Iowa. The committee developed a three-part Adolescent Pregnancy Prevention Bill that set up a state task force on adolescent pregnancy, mandated a human growth and development curriculum in all K-12 school districts, and established an Adolescent Pregnancy Prevention Grant program.

Governor Terry Branstad, anxious that the curriculum should address all issues of concern regarding adolescents, vetoed the initial bill in May 1987. The Adolescent Pregnancy Prevention Grant program, however, was funded and began operation in October 1987. Through those grants, prevention programs were funded through schools, hospitals, and community-based organizations.

To gain additional input on how the state of Iowa should meet the needs of adolescents, Governor Branstad appointed a Governor's Task Force on Adolescence. In August 1987, this 27-member group began to address the issues of adolescent pregnancy, substance abuse, and teen suicide and to identify resources available to combat these problems. At the same time, the Legislative Study Committee on Adolescence was established to examine the problems.

The recommendations from these groups included a K-12 human growth and development curriculum that would provide all students with the necessary information and instruction in living skills to lead satisfying and productive lives. Thus, in May 1988 the Iowa State Legislature passed and Governor Branstad signed the Human Growth and Development Act (S.F. 2094), which led to the development of this curriculum guide.

Mission

As a response to changing societal needs in an increasingly complex world, the mission of the *Human Growth and Development Curriculum Guide* is to present a model, sound in theory and practice, that will enable educators to encourage children and youth in Iowa to make healthy living decisions that enhance the well-being of the individual, the family, and society.

Goals

- To integrate human growth and development concepts into subject areas across the curricula.
- To provide accurate and comprehensive knowledge and skills that will positively affect attitudes and behaviors.
- To foster the development of integrated dynamic life processes including communication, self-esteem, valuing, goal setting, responsible decision making, problem solving, conflict resolution, social skills development, love, creativity, stress management, and personal responsibility.
- To reinforce and promote healthy life-styles.
- To encourage collaborative efforts among families, schools, and communities in promoting the positive growth and development of Iowa youth.

Ideally, the outcome will be children and youth who are well informed and skilled in understanding themselves and others and who can make wise and responsible decisions regarding their lives. This should prevent or reduce the occurrence of high-risk behaviors and consequently improve social health.

These results will not occur quickly. The goals are broad and the outcomes long-range. While attitudinal and behavioral changes are anticipated, the schools cannot be held solely responsible for the amelioration of social problems. Education is an excellent vehicle for change, but it shares that responsibility with home, church, and society at large. The challenges to educators and other leaders are to share the best accurate information and to encourage and model healthy attitudes and behaviors.

Curricular Overview

Curriculum Design

The comprehensive curriculum is presented in major divisions, each linked to the others philosophically and programmatically, as represented in a unifying visual schema. The design of the schema shows the intersecting nature of the content, the interfacing of life processes, and some influencing factors upon the curriculum. The major divisions include Life-Span Development, Life Skills, Human Sexuality, and Prevention/Intervention. This design provides a philosophical, developmental, and conceptual foundation upon which the curriculum is built.

Within the major divisions are three content strands: Life Skills, Human Sexuality, and Prevention/Intervention. Each of these strands is organized somewhat differently because of its unique task. Some, however, include similar components: objectives; student outcomes; vocabulary; infusion into other horizontally articulated curricula; recommended integration into other subject areas; student activities and resources. An organizational similarity among the three content strands is the grade-level clusters of K-3, 4-6, 7-8, and 9-12.

Dynamic life processes such as self-esteem, responsible decision making, stress management, personal responsibility, and communication are included throughout each strand. The rationale for inclusion is that such processes can best be learned in context with relevant and transferable content area.

Life Skills

Life skills may be defined in various ways. In this curriculum the areas of Dimensional and Interpersonal Development were emphasized. The Dimensional Development section includes physical, psychological, emotional, social, moral-spiritual, and sexual topics. The Interpersonal Skills section includes relationships, communications, family, and parenting. Throughout, the emphasis is on reinforcing and developing healthy life-enhancing skills while countering and preventing the sex-based exploitations of stereotyping, harassment, and abuse.

Human Sexuality

This section includes human sexuality and the prevention of sexually transmitted diseases, including AIDS/HIV. Its approach is scientific and behavioral, following a biological and psychosocial format. The committee emphasized fostering a self-responsible approach to health, identifying issues and problems, and promoting healthy sexual development.

Prevention/Intervention

This section combines two closely related areas—the prevention of student problems and intervention strategies for students at risk. The topics include dropping out of school, substance abuse, adolescent pregnancy, preventable mental retardation, and suicide. AIDS/HIV is also addressed in this section as it related to prevention.

School Implementation

There are suggestions for school implementation in all three major content strands since attitudes and strategies are crucial to the effectiveness of this curriculum. This division suggests how administrators can build parent and community involvement, promote staff development, and organize, support, and evaluate curricular effectiveness in human growth and development.

Infusion and Integration

“Infusion,” “integration,” “across the curriculum,” and “horizontal articulation” are terms used interchangeably for blending one curriculum into another. For the purpose of this curriculum, however, the terms infusion and integration have specific meanings.

Working Definitions

INTEGRATION. Integration is the incorporation of one topic into a larger subject area. Specifically, it denotes inclusion of human growth and development objectives in various subjects, such as mathematics, social studies, or language arts.

INFUSION. Infusion is the incorporation of one topic into another process. An example would be to approach a human growth and development objective via thinking skills, technology, or global education. The distinction from integration is that processes are broad-based and interdisciplinary rather than specific disciplines.

Background

CURRICULUM THEORY AND BELIEFS. With more and more responsibility being placed upon the schools to add topics and areas of study, curriculum development must choose between (a) lengthening the school day or school year; (b) segmenting and condensing the curriculum into smaller areas and shorter time blocks; or (c) incorporating some areas of the curriculum into others. The second option tends to fragment and isolate the curriculum, but the last option encourages a connection between areas and has the potential of turning a fragmented curriculum into a better-related whole.

IOWA SCHOOL STANDARDS. The Iowa School Standards, which go into effect on July 1, 1989, encourage infusion and interdisciplinary treatment of many curricular areas. The relevant standards follow (refer to Iowa's General Standards for the complete section):

4.5(7) *Career Education.* The career education program shall be infused into the total education program. . . .

4.5(8) *Multicultural/nonsexist approaches to the education program.* The plan shall also include specific provisions for the infusion of multicultural, nonsexist concepts into each

area of the curriculum. . . .

4.5(9) *Technology in the curriculum.* The board shall adopt a plan for the efficient and effective use of technology in the instructional program. . . .

4.5(11) *Global Education.* The board shall adopt a plan which incorporates global perspectives into all areas and levels of the educational program. . . .

4.5(13) *Provision for gifted and talented students.* The program shall include . . . provisions for curricular programming to meet the needs of identified gifted and talented students. . . .

4.5(14) *Curriculum development, review and refinement.* This [board] policy shall include procedures and timelines for reviewing each instructional program with attention given to interdisciplinary teaching of higher order thinking skills, learning skills, and communication skills. . . .

4.5(21) *Guidance program.* Each board . . . shall provide an articulated, sequential elementary-secondary guidance program to assist students with their personal, educational, and career development. . . .

Overarching Curricular Concepts

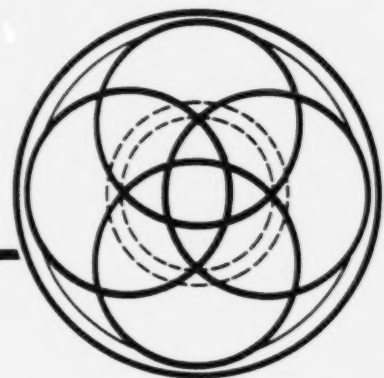
The conceptual approach to curricular design is based upon interacting ideas flowing from one to another in an attempt to provide an integrated structure. The schema delineates the following major concepts.

1. Human beings grow and develop through interactions with other human beings.
2. Interactions may facilitate or hinder human growth and development.
3. Growth and development continue throughout life and within dimensions common to all human beings.
4. Dimensional development across the life span involves learning how dynamic life processes affect individuals and relationships.
5. Dynamic life processes are critical to all human beings as they grow and develop within social structures.
6. Social structures change during the life cycle and may put a human being at risk.
7. Risks may occur as a result of a person's place in the family, school, and community.
8. Within the family, school, and community human beings may encounter specific issues of sexual development that can pose risks as well as opportunities for growth.
9. Opportunities for growth can be seen in both prevention and successful intervention of high-risk behavior in youth.
10. Risk resolution toward growth involves cooperation and integration of school environments and activities, staff-student-peer interaction, family involvement, and society.

HUMAN GROWTH AND DEVELOPMENT

CONCEPTUAL INTEGRATION SCHEMA

- Integrated Conceptual Schema
- Major Content Strands
- Life-Span Dimensional Development
- Life-Skills Development
- Human Sexuality
- Prevention and Intervention
- Integrated Dynamic Life Processes
- Life Processes Defined
- Social, School, Family, and Peer Involvement



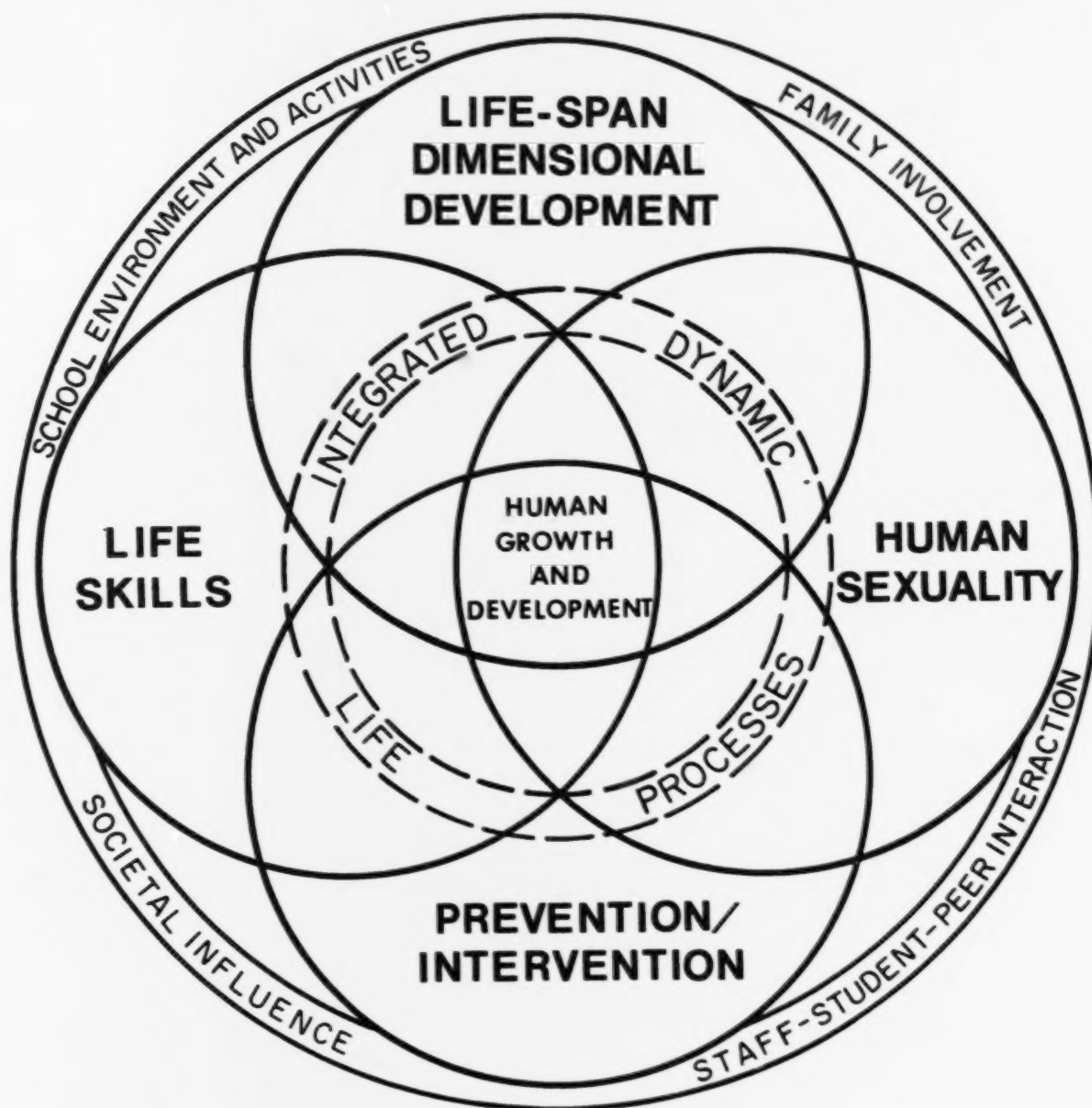
INTEGRATED CONCEPTUAL SCHEMA

In order to convey the scope and complexity of the Human Growth and Development Curriculum, a diagram of the major components gives a graphic picture of how they intersect, what ties them together, and how they link each student at home, in school, or in the community. The diagram also provides the educator with information needed to coordinate and implement the curriculum in individual school districts, schools, grade levels, and specific classes.

The integrated schema emphasizes the holistic philosophy of the curriculum. The schema also guards against a piecemeal approach, which would diminish the intent of the Human Growth and Development Act and the potential for a dynamic curriculum. The premise and promise are that each student in the state of Iowa can reach full development, given positive and productive avenues in which to grow.

The schema delineates major concepts as the basis for specific outcomes, objectives, and learning activities. The ease with which major concepts can be derived sets the stage for a curricular approach based upon concept theory. Concept theory, or the conceptual approach to curriculum design, moves students along a hierarchy of learning from concepts to principles and finally to problem solving. This curricular design also gives the student an organizational perspective rather than the isolation of content learned only cognitively.

The human growth and development integrated conceptual schema of curricular design is challenging and yet practical as school districts seek to provide systematic and progressive educational opportunities that go beyond the traditional disciplines and into the realm of life experiences that all students and citizens encounter.



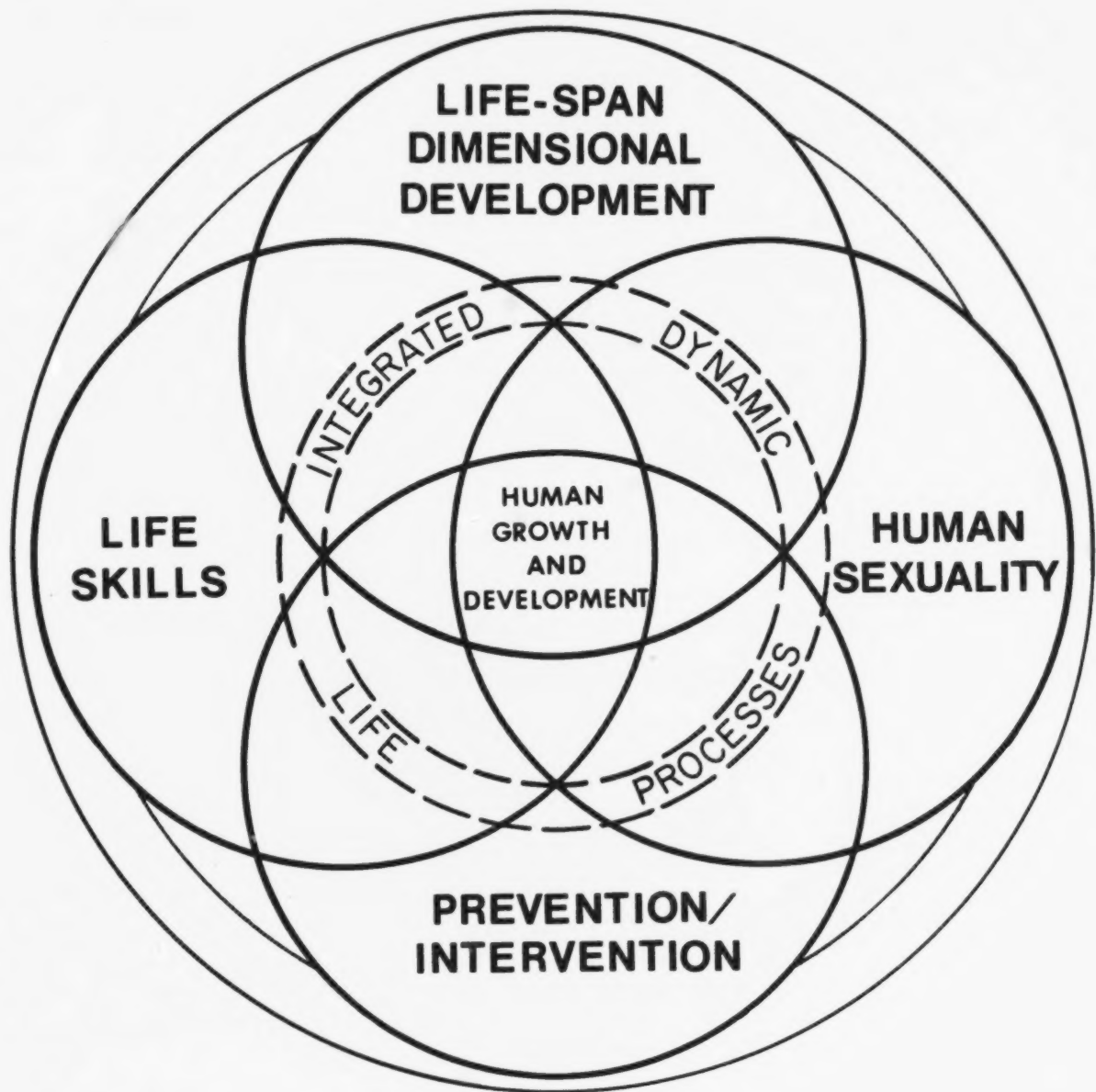
MAJOR CONTENT STRANDS

The human growth and development schema represents the interfacing, intersecting, and integrating curricular design concept from which outcomes and objectives are developed. Human growth and development are envisioned in developmental constructs and are seen as catalysts for curricular design throughout the school experience (K-12) and within course offerings already in existence.

The major content strands of life-span dimensional development, life skills, human sexuality, and prevention/intervention are connected so intricately that they provide a dynamic interplay of cognitive, affective, and behavioral learning. To think, feel, and act on behalf of oneself and to see that as growth are products of developmental theory.

Developmental theory encompasses all students as they learn about themselves and each other through life-skills acquisition; as they examine themselves as socio-sexual beings; and as they attempt to prevent and solve problems that hamper growth and development. Development is lifelong. It is experienced in the physical, psychological, emotional, social, moral-spiritual, and sexual dimensions of human existence. Progressing through life and gaining understanding about dimensions of development will allow students to see themselves as holistic and to experience their growth and development as integrated and evolving.

To study life skills, human sexuality, and problem solving in isolation from integrating developmental theory is tantamount to an education without regard for interests, attitudes, values, culture, and the application of those influences.

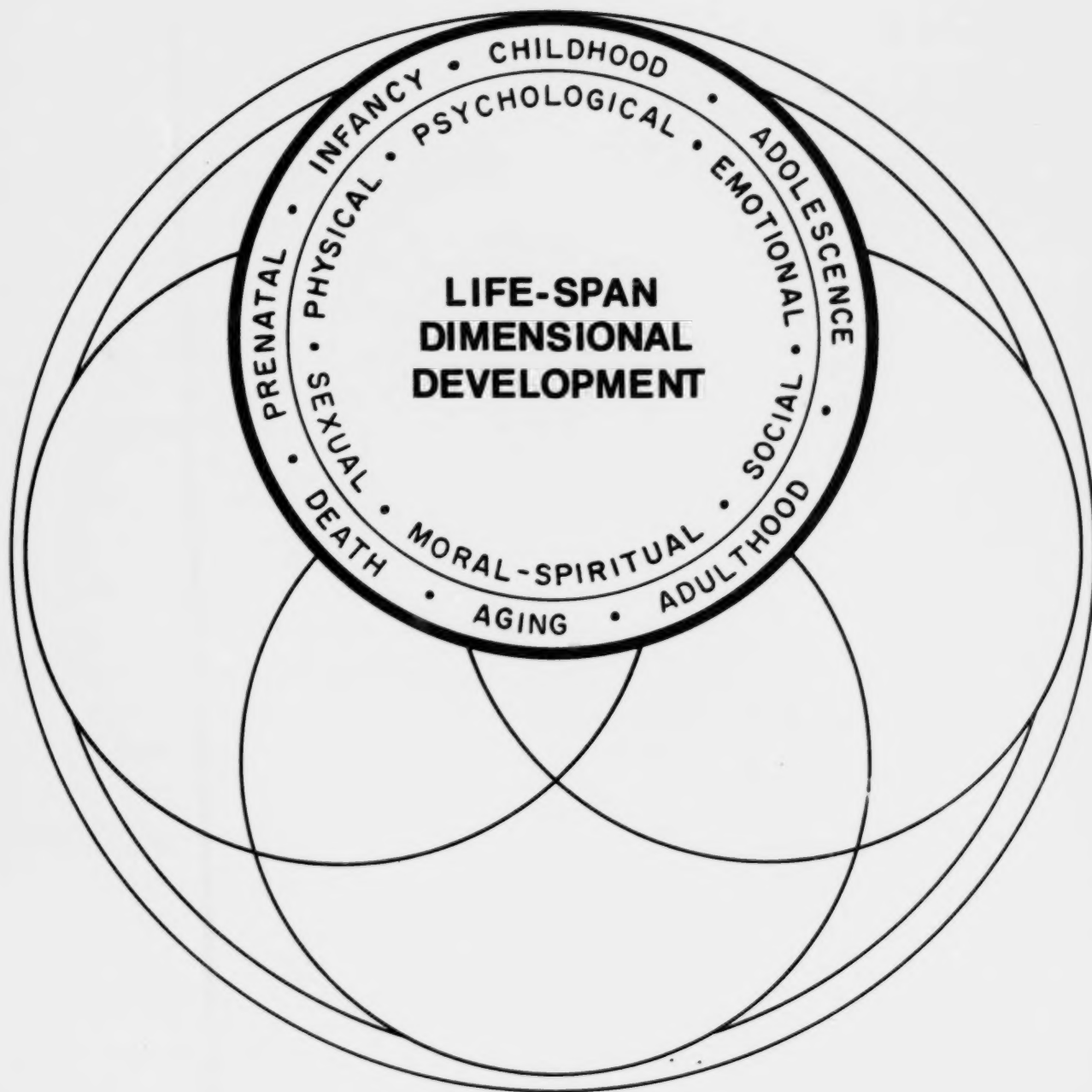


LIFE-SPAN DIMENSIONAL DEVELOPMENT

The main aspect of any curriculum in human growth and development is a concern for the individual throughout life. The curriculum also needs to reflect an understanding of the complexity of individual dimensions of development within that life span. This combination provides a basis for the integration and infusion of curricular offerings with components addressing life-skills development, human sexuality, and prevention/intervention in personal problems.

By exploring the similarities and differences in psychological, emotional, social, physical, moral-spiritual, and sexual makeup of human beings, an appreciation of the uniqueness of the individual at all stages is also gained. Individual development and growth and potential are linked in dynamic life processes (communication, goal-setting, creativity, etc.) that are universal and yet unique.

Life-span dimensional development can serve as a context within which other human growth and development content areas can be presented. Without this base, the study of life skills, sexuality, prevention, or intervention becomes fragmented. Developmental theory encompasses principles of growth at each stage of development and behavioral competencies in each dimension of development. For students to understand how they have matured from stage to stage enables them to see relationships between development and life-skills acquisition, development and human sexuality, development and the prevention of debilitating or life-threatening behaviors.



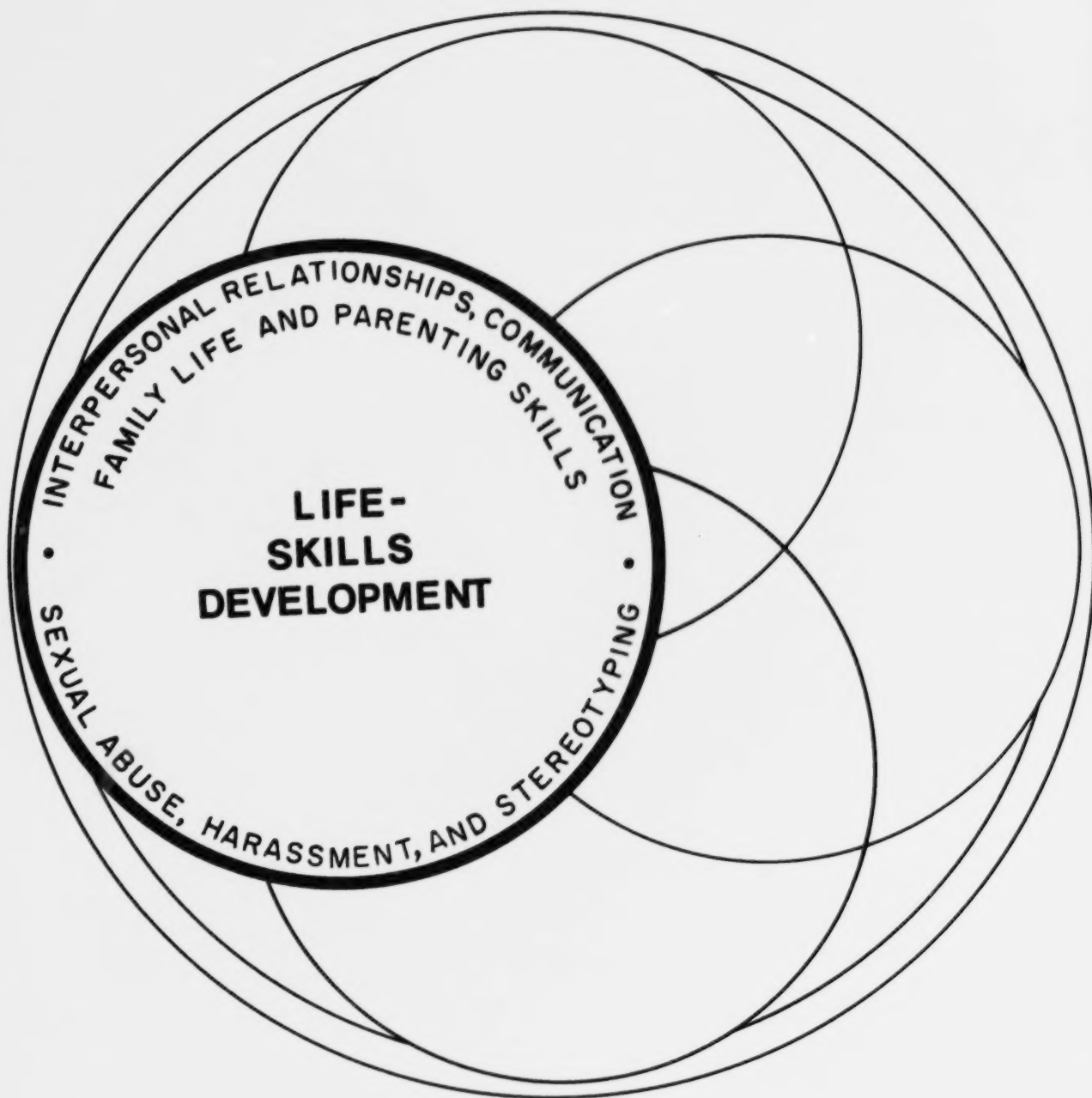
LIFE-SKILLS DEVELOPMENT

Life-skills development begins with the relationship between parent and child and extends into family life and other interpersonal relationships. In these early relationships, infants and children first form the bonds with primary caregivers that tie them together psychologically, emotionally, and socially.

As children grow and mature, the sphere of influences upon them expands, often placing them at risk. With society becoming more and more complicated and with family structures and parenting styles changing, students of all ages have an increased need to learn the importance of nurturing skills, interpersonal-relationship skills, and decision-making skills. The ability to use these skills effectively may help diminish some of the risks.

Even with basic life-skills acquisition some students remain vulnerable, especially to sex-linked power and control issues. Sex-role stereotyping, harassment, and abuse are examples of such issues. One goal of this curriculum is to teach students to recognize immediate danger and potential harm and to provide them with protective strategies relevant to their circumstances.

A curriculum that can interweave life-skills acquisition with developmental theory, the importance of human sexuality, and prevention/intervention in potential risk and problems will not only facilitate student growth, but also prepare students for roles in adulthood.

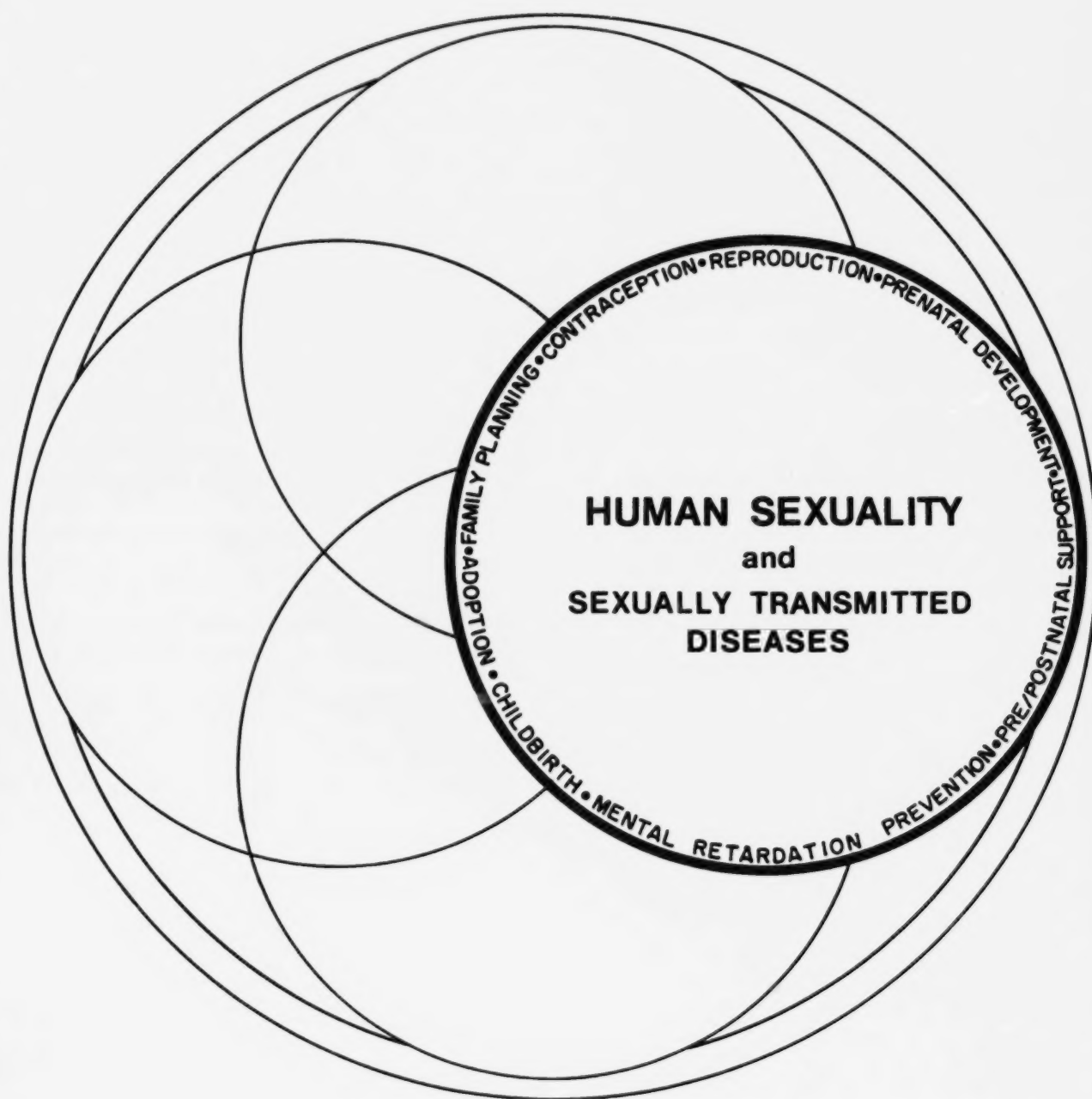


HUMAN SEXUALITY

The profound influence of human sexuality upon student development requires a curriculum design that is useful at all ages and stages. The design must have a multidimensional perspective. Students should gain the life and social skills that will prevent problems or allow changes once risks or problems arise. This integrated design will enable students to acquire accurate knowledge in an environment that is sensitive to feelings and aware of behaviors that may arise from family and cultural values.

The importance of accurate knowledge about human sexuality cannot be overemphasized. Biological and psycho-social information must precede an understanding of diverse viewpoints and issues such as family planning, contraception, abortion, teenage parenting, adoption, homosexuality, and prevention of sexually transmitted diseases (STDs).

When human sexuality is viewed as a lifelong process and its components are seen as normal parts of individual growth and relationships, then discussions about the prevention of sexually related behaviors that put students at risk will be seen as a progression toward responsible decision making and problem resolution. It is, therefore, important for the educator to help students understand human sexuality within both biological and psycho-social developmental parameters.

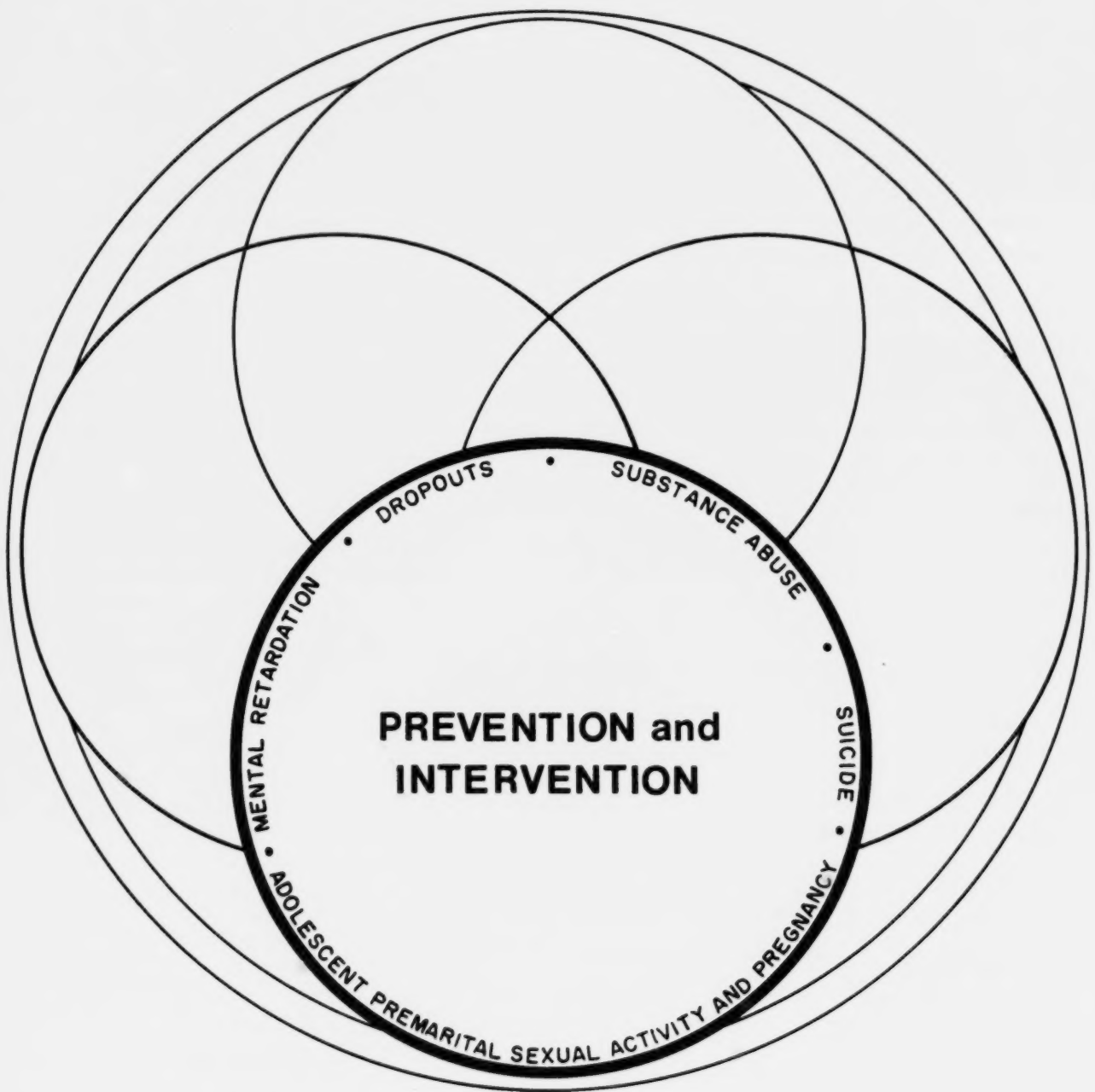


PREVENTION AND INTERVENTION

With the acquisition of a knowledge base of growth and development, an understanding and use of life skills in relationships, and an acceptance of human sexuality as a normal part of life's experiences, students will be much better prepared to investigate and apply to their own lives concepts that will aid them in the prevention of problematic and risk behaviors. An educational curriculum that is not afraid to address the personal and societal problems of mental retardation, school dropout, substance abuse, suicide, adolescent premarital sexual activity, and teenage pregnancy recognizes that numerous variables have critical impact at each stage of development, regardless of how skillful individuals are in coping and growing in the face of risk.

Once a student or social group has failed to prevent any of these risks, educators must not be afraid to provide avenues of intervention or to intervene through activities within the curricular offering. One of the most effective ways is by addressing integrated dynamic life processes throughout the K-12 experience.

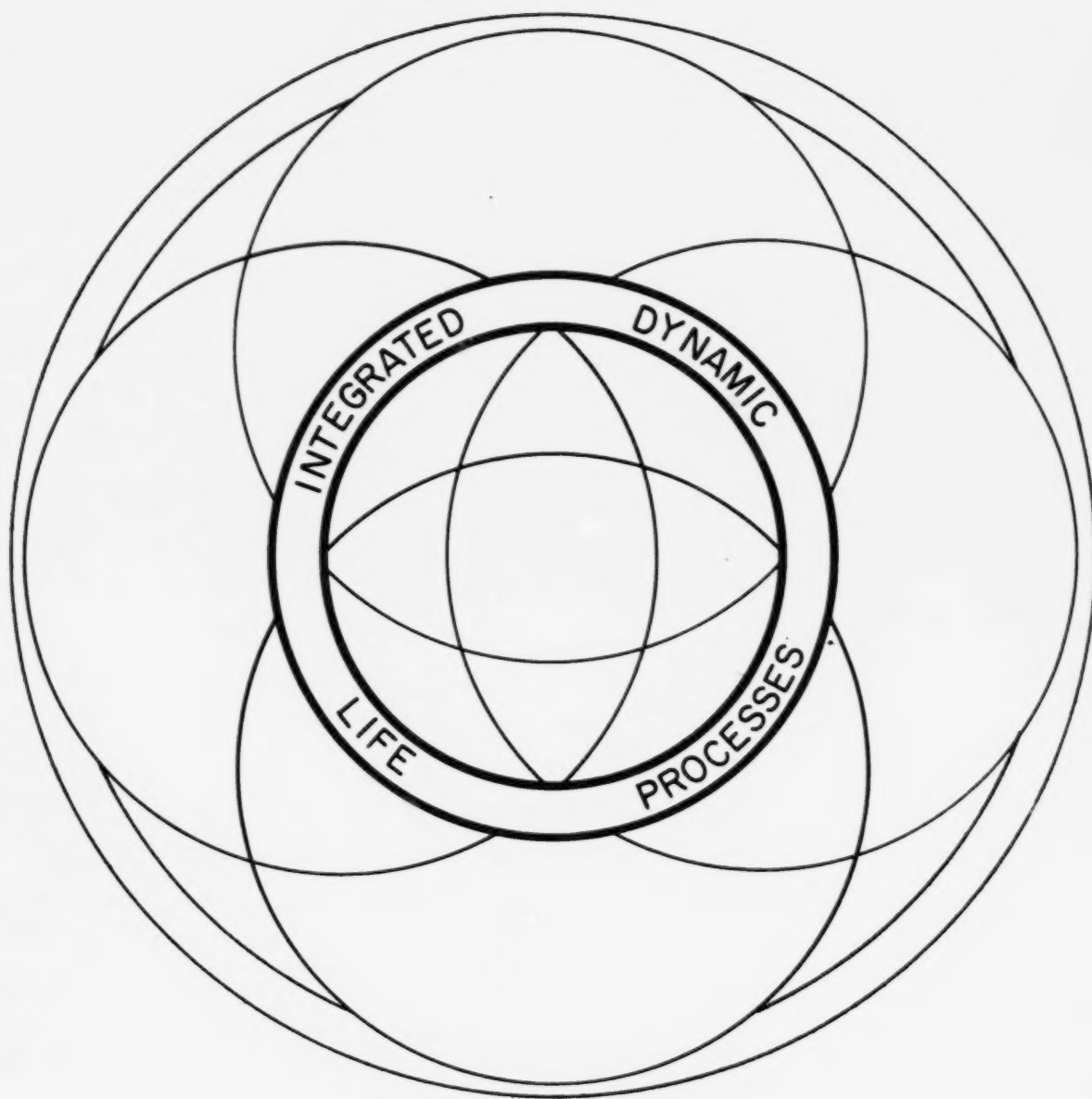
It was once believed that these processes were by-products rather than integral forces that help to shape growth and development. The processes are the threads that link development, relationships, and human sexuality with prevention or intervention in risk situations and problematic experiences.



INTEGRATED DYNAMIC LIFE PROCESSES

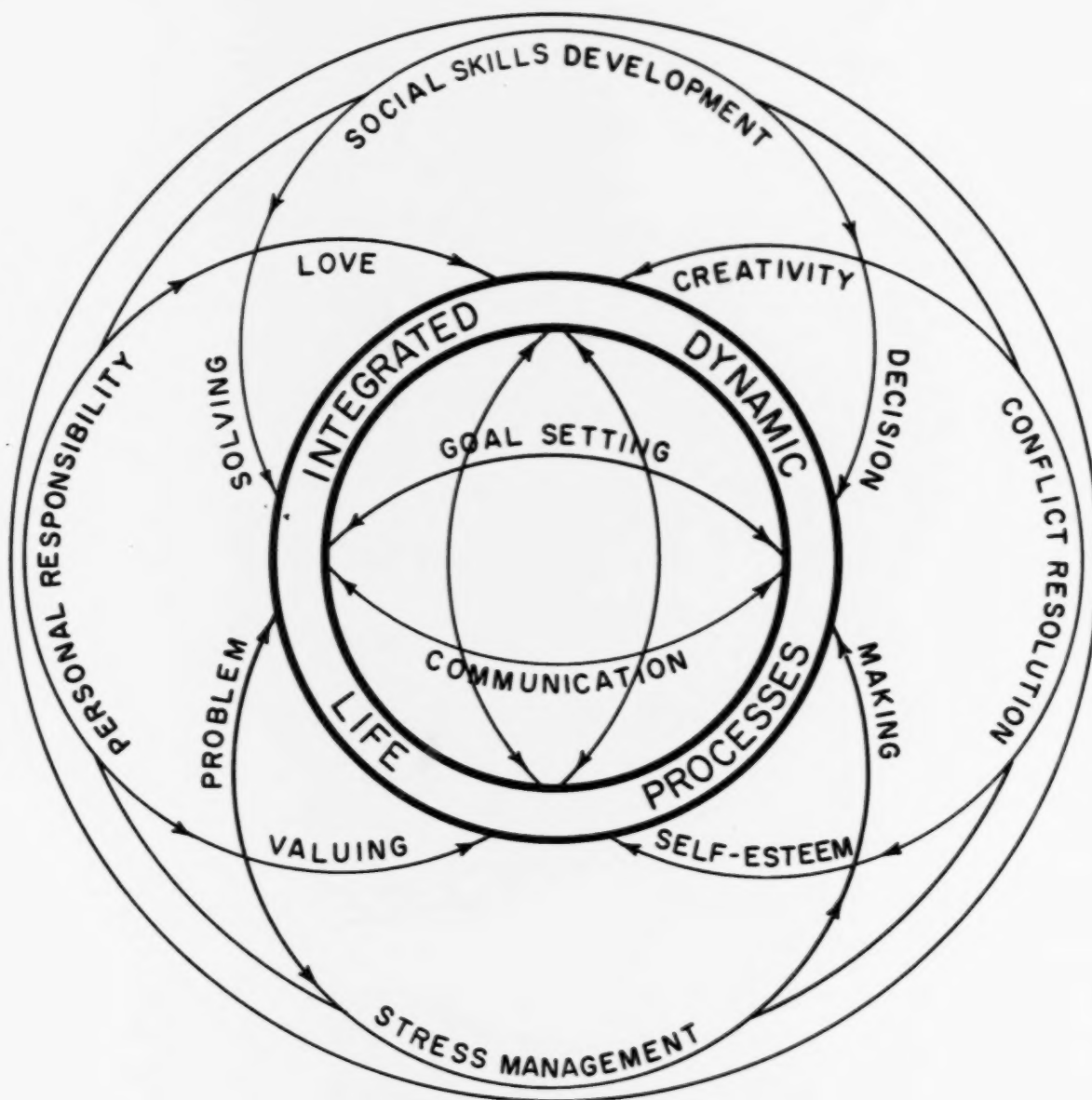
Integrated dynamic life processes are those human experiences that tie individuals to global communities, social groups, families, and each other. These processes can be seen as skills and potentials that can foster or retard individual growth, social relationships, sexual development, and the prevention or resolution of human problems.

The processes are universal and yet unique in their individual application. They are lifelong, presenting an ever-changing portrayal of human existence and serving as integrating forces as individuals strive to reach potentials concomitant with age and experience. As they cut across stages and dimensions of development, relationships, sexuality, and human problems, dynamic life processes become integral concepts that buttress this curriculum. While each process could represent a specific content area, it cannot be seen in isolation. Together they become a systematically intertwined knowledge base.



LIFE PROCESSES DEFINED

- **Building self-esteem.** A process by which people learn that they are lovable and capable. People who love and respect themselves are said to have high self-esteem. People who think they are not deserving of love have low self-esteem.
- **Goal setting.** A planning process in which a person determines directions for his or her future.
- **Responsible decision making.** The process of, and responsibility for, making an informed choice after the consideration of alternatives.
- **Stress management.** The healthy process by which physical, mental, or emotional strain is controlled or resolved, thereby preventing debilitating states of distress.
- **Love.** A process involving an emotional response characterized by feelings and activities that demonstrate attachment, acceptance, caring, affection, and concern.
- **Communication.** A process by which one person shares a message with another. The process is enhanced by specialized, learned skills, which may be verbal or nonverbal.
- **Valuing.** A process that involves choosing, affirming, and acting upon a belief system.
- **Problem solving.** A process of identifying a solution through a systematic approach.
- **Conflict resolution.** A process by which disagreements are resolved successfully, with everyone involved satisfied with the outcome or solution. Conflict takes place every day; it is a natural part of life.
- **Social skill development.** A process by which people learn situationally appropriate attitudes and behaviors.
- **Creativity.** A process that includes spontaneity, imagination, fantasy, play, and other learned or instinctive characteristics that serve to aid growth and development.



SOCIAL, SCHOOL, FAMILY, AND PEER INVOLVEMENT

Partnership, cooperation, and collaboration are key concepts that add unity to a curricular endeavor that attempts to reach beyond the classroom. The Human Growth and Development Curriculum potential can be further realized in positive school environments, co-curricular and extra-curricular activities, positive staff-student-peer interaction, greater family/parent involvement, and in an awareness of the social group influences that affect student's lives.

Great strides have already been made toward enhancing the quality of students' lives, and with each stride new vistas of opportunity become apparent. This challenge of preparing students to move forward to the twenty-first century is one of the great responsibilities Iowa has accepted. Among the many who are playing key roles and enhancing progress are:

School districts that are creating

- Environments that are warm and caring
- Activities that include more students
- Teacher-student interactions based upon mutual trust and understanding
- Peer interaction groups to help in decision making and problem solving
- Increased family/parent involvement

Families and parents who are increasing

- Participation in children's achievements and activities
- Opportunities and environments for concentrated study in the home
- Contacts with teachers, counselors, and administrators to prevent problems
- Support of school policies on attendance, drug use, and behavior
- Feedback to teachers and administrators based upon children's experiences

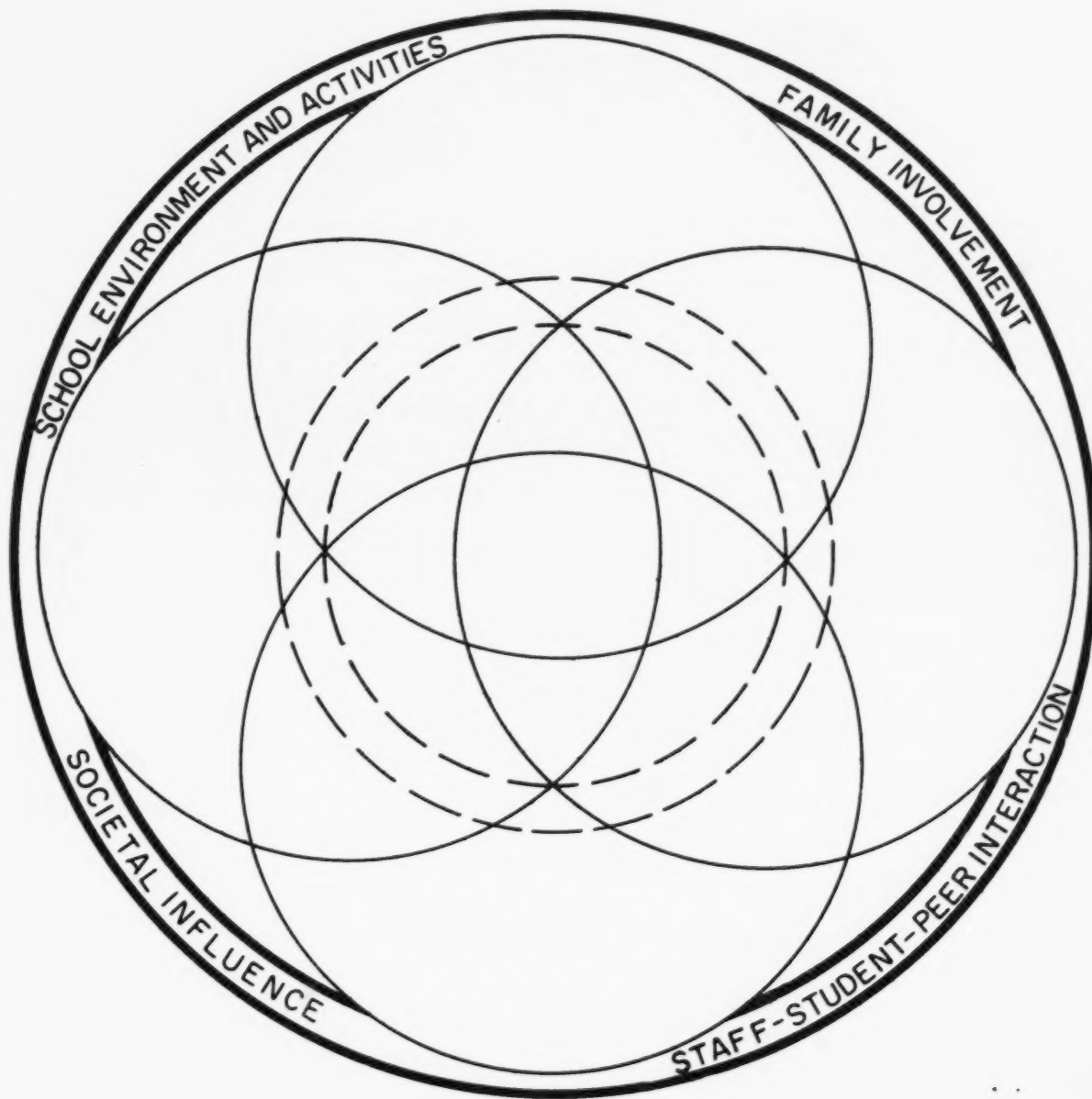
Peers who are advocating

- Acceptance of others regardless of race, sex, disabilities, religion, ethnicity, class, etc.
- Elimination of sexist and racist remarks and behaviors
- Elimination of intimidation and peer violence

Social groups who are promoting

- Programs that counter dropping out of school
- Effective juvenile justice programs
- Programs preventing substance abuse
- Economic and career equity

Through cooperation and collaboration these and other partnership groups can continue to build a network of action that fosters and maximizes student growth and development.



HUMAN GROWTH AND DEVELOPMENT

LIFE-SKILLS / LIFE-SPAN DIMENSIONAL DEVELOPMENT

Dimensional Development

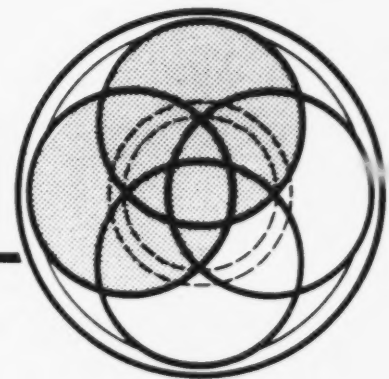
- Physical
- Psychological
- Emotional
- Social
- Moral-Spiritual
- Sexual

Interpersonal Skills

- Relationships
- Communication
- Family Life
- Parenting

Sex-based Exploitation

- Sex-Role Stereotyping
- Sexual Harassment
- Sexual Abuse



LIFE SKILLS

Changes in global relationships, societal mores, family structure, individual behavior, and the role of sexuality dictate that education must move in directions traditionally left to the discretion of church and family. Such moves have precedents in educational programs that have gone beyond the cognitive into the affective and behavioral domains.

When an educational system sees the need to educate for life, it has gone beyond knowledge transmission. It enters the realm of helping students identify those qualities of development that affect them in daily relationships and as individuals. Helping students improve their quality of life by examining affective growth and behavioral consequences gives them an opportunity to acquire life skills that in the past were left to osmosis, real-life experiences, or to adults who may have been indifferent models.

The paradigm of the world growing more complex yet smaller depicts how students' lives have become more complicated while their abilities to cope have diminished or in some cases become nonexistent. The consequences of increased complexity and decreased coping are seen in a lack of regard for egalitarian rights, pervasive violence, familial alienation, monetary and job inequity, nutritional inadequacy, and spiritual deprivation. These individual, social, and global problems require an education for student citizenry that teaches awareness, fortifies that awareness with coping and growth skills, and can, moreover, adjust to change. Without educating for change, outcomes of global awareness, societal sensitivity, and individual understanding will always be incomplete.

The Life Skills component of the *Human Growth and Development Curriculum Guide* is designed so that the teacher can impart knowledge at one level, teach coping skills at a second level, and help students change their lives at a third level. The barriers to such an education are not easy to traverse nor are they new to an enlightened faculty. Perhaps the very challenge of life-skills acquisition will provide the impetus for a progressive and systematic change initiated with the individual, augmented in social relationships, and finally realized in a global community.

LIFE SKILLS K-12:

DIMENSIONAL DEVELOPMENT

Physical

To understand that physical development is universal in scope but expressed individually throughout each stage of the life cycle.

Psychological

To understand that psychological development involves complex processes of learning, thinking, communicating, and behaving individually and within interpersonal, family, social, and global relationships.

Emotional

To understand that expressing feelings effectively, coping with stress, and practicing self-discipline are critical to emotional development and health.

Social

To understand that interacting interpersonally, in families, socially, and globally is founded, in part, upon establishing social skills and roles compatible with the values of society.

Moral-Spiritual

To understand that ideas and behavior are founded, in part, upon what people believe and value and how they live their lives.

Sexual

To understand that sexual development is a lifelong process that is biologically, psychologically, emotionally, socially, morally, and behaviorally based.

BROAD OBJECTIVES

INTERPERSONAL SKILLS	SEX-BASED EXPLOITATION
Relationships To understand that human relationships are important for need fulfillment, personal, and social growth.	Sex-Role Stereotyping To understand that one's sex does not dictate a particular role in society.
Communication To understand that communication is fostered through verbal and nonverbal interaction.	
Family Life To understand that families are different and may show nurturance in varying ways.	Sexual Harassment To understand that an individual has the right to be free of sex-based harassment.
Parenting To understand that parenting is a difficult role requiring maturity and skills to be effective.	

LIFE-SPAN DIMENSIONAL DEVELOPMENT

The study of their bio-psycho-social past can give all students a better understanding of their present stage of development. This combination of studies can act as a precursor of maturation. The knowledge of the physical, psychological, emotional, social, moral-spiritual, and sexual complexity of individuals is critical to predicting behavior at all levels: interpersonally, familially, socially, and globally.

The universal aspects of development in the human community are the same aspects that make individuals unique. Developmental expression is at the core of individual ease and of individual disablement. An education that addresses the developmental issues that foster or impede growth will help students recognize their potential and ways to overcome roadblocks to reaching that potential.

Educators have always been concerned with student developmental progress. It is hoped that this component will give teachers better access to that progress and greater freedom to reach their goals of holistic education and holistic student development.

DIMENSIONAL DEVELOPMENT

	PHYSICAL	PSYCHOLOGICAL	EMOTIONAL
K-3	To develop an awareness of physical changes and growth.	To understand how learning, thinking, communicating, and behaving make the individual unique.	To understand that feelings are important and healthy to talk about.
4-6	To recognize how physical changes can make one feel good and also make one self-conscious.	To appreciate how individual uniqueness is portrayed in relationships and that it requires constant examination.	To recognize how feelings may cause problems that affect behavior.
7-8	To understand that physical growth creates changes affecting other dimensions of development.	To understand that psychological identity is important to self-acceptance in relationships with significant others.	To appreciate how feelings and behavior may affect others and lead to interpersonal conflict.
9-12	To appreciate physical growth as a part of the maturation realized in adult roles and aging processes.	To recognize that personality flourishes when self-esteem is high and responsible decisions are made.	To understand why intimate feelings require maturity and mutual respect.

K-12 SCOPE AND SEQUENCE

SOCIAL	MORAL- SPIRITUAL	SEXUAL	
To appreciate social relationships, especially those between family and friends.	To appreciate different ideas, beliefs, and behaviors.	To understand that one's sex is either male or female.	K-3
To understand social differences in people and roles.	To understand how value differences may lead to labels such as moral, immoral, or amoral.	To recognize that all people are sexual from birth, physically and psychologically.	4-6
To recognize social attitudes and values in self and others.	To recognize how differing moral stances may lead to conflict.	To recognize how sexual issues and behaviors accompany sexual development.	7-8
To appreciate that social awareness requires mature sensitivity to diverse individuals and groups.	To recognize how moral and spiritual growth fosters maturity and inner happiness.	To understand why sexual values and behaviors change as one matures in all dimensions of development.	9-12

Dimensions of Personal Development

K-3

Student Outcomes	Vocabulary	Infusion
Physical Objective: To develop an awareness of physical changes and growth.		
The student will ... Name and identify common body parts Recognize proper body care Develop appreciation for the uniqueness of the human body	play sleep exercise nutrition basic food groups parent male female	Learning skills
Psychological Objective: To understand how learning, thinking, communicating and behaving make the individual unique.		
The student will ... Name unique characteristics of self List likenesses and differences between self and others Evaluate strengths and weaknesses in self and others	human being person important separate special different likenesses boy-male-man girl-female-woman gender individual group behaving sharing together family unique	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Guidance Global education

Integration	Activities	Resources
Science Health PE Art Music Social Studies	Make a collage of pictures of food from magazines of the basic four food groups.	School nurse "Your Body and Its Parts," Encyclopedia Britannica Barr Films, 1983, <i>Exercise and Rest</i> Barr Films, 1985, <i>Cleanliness</i> Coronet Films, <i>Eat Well, Grow Well</i>
Reading Social Studies Language Arts PE Health Science Art Music	Show and tell about me Discussion of why we are all important Person, place, or thing (game) Put your best foot forward (song and game) Discussion of gender similarities and differences	Guidance counselor Good Apple materials

Dimensions of Personal Development

K-3

Student Outcomes	Vocabulary	Infusion
Emotional Objective: To understand that feelings are important and healthy to talk about.		
The student will . . . Verbalize positive and negative feelings Make positive statements about self and others	feelings love anger self concern self-talk	At-risk students Career education Communication Global education Guidance Technology
Social Objective: To appreciate social relationships, especially those between family and friends.		
The student will . . . Share contributions, responsibilities, rights, and privileges of each family member Describe qualities of friends Identify similarities and differences in basic needs of people Demonstrate concern and respect for feelings and interests of others Explain how behavior has consequences	role privilege responsibility family friends society basic needs culture health respect conflict	At-risk students Career education Communication Global education

Integration	Activities	Resources
Reading Health Social Studies Language Arts Art PE Music	Feelings charades Feelings inventory "Me" prints	Guidance counselor Dinkmeyer, 1982, <i>DUSO</i>
Social Studies Reading Health Science	Role-play family episodes. Study community helpers. Make up warm fuzzy story. Use decision-making models. Discuss, contrast, and compare wants and needs of people from various countries.	ISU Extension family specialist Guidance counselor <i>Kaleidoscope</i> (See AEAs)

Dimensions of Personal Development

K-3

Student Outcomes	Vocabulary	Infusion
Moral-Spiritual Objective: To appreciate different ideas, beliefs, and behaviors.		
The student will . . . Recognize right or wrong behavior may differ between individuals and groups Identify personal beliefs Discover influences that shape beliefs Tell how beliefs may cause problems Identify feelings when problems or good things occur	right behavior wrong behavior differences beliefs mental picture good-bad positive-negative problems actions feelings good bad great ok guilty sorry rules	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Communication skills Guidance Global education
Sexual Objective: To understand that one's sex is either male or female.		
The student will . . . Identify the unique characteristics of boys and girls Apply anatomically correct names to body parts Demonstrate ways to show affection Distinguish between appropriate and inappropriate touch	male female mating boys penis testicles buttocks girls breasts vagina buttocks good touches bad touches confusing touches	Career education Communication Guidance Learning skills Thinking skills Technology

Integration	Activities	Resources
Reading Social Studies Language Arts PE Health Parent Conferences Sharing	Critical incidents, narratives Problem-solving exercises "Who's right? Who's wrong?" situations Role-play good and bad behavior.	
Social Studies Science Art Music Language Arts Reading Foreign Language PE Health	Identify body parts on a poster or model. Role-play situations involving good touch.	Uslander and Weiss, 1975, <i>Dealing with Questions about Sex</i> Family and Children's Council of Black Hawk County, <i>Take Charge of Your Body</i> Perennial Films, <i>Human and Animal Beginnings</i> Phoenix/BFA Films, <i>Everybody Knows That</i> Film Ideas, <i>Bellybuttons Are Navels</i>

Dimensions of Personal Development

4-6

Student Outcomes	Vocabulary	Infusion
Physical Objective: To recognize how physical changes can make one feel good and also make one self-conscious.		
The student will . . . Identify the structure and care of the body systems Differentiate among kinds and functions of body cells, tissues, and organs List the stages of development Recognize the effects of individual growth factors on physical growth Realize elements of growth and development as predictable and unique	circulatory respiratory digestive muscular skeletal excretory nervous reproductive prenatal infancy early childhood late childhood adolescence adulthood heredity environment nutrition chemicals cultural values ethnic values exercise rest/relaxation self-confidence growth physical features appearance adrenalin	At-risk students Career education Communication Guidance Learning skills Thinking skills
Psychological Objective: To appreciate how individual uniqueness is portrayed in relationships and that it requires constant examination.		
The student will . . . Examine the influences of personal and group behavior Select realistic judgments of self and group	self individual group criticism judging belonging males females	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Communication Guidance Global education

Integration	Activities	Resources
Science Health PE Home Economics Social Studies Art Music Language Arts Reading	Identify body parts on a model or worksheet. Make collage of pictures affecting physical development. Through a microscope, observe organs, tissues, and cells of animals.	Barr Films, 1982, <i>Body Works</i> Sunburst Films, <i>A Living Factory</i> 1979, <i>Understanding Adolescence</i> (film) Quest International, 1985, <i>Skills for Adolescence</i> School nurse
Reading Social Studies Language Arts PE Health Science Art Music Parent conferences	Oral reports on a person in a book, history, etc. Book reports on heroes, special people Class talent shows "People" charades	Johnson and Johnson, <i>Cooperative Learning</i>

Dimensions of Personal Development

4-6

Student Outcomes	Vocabulary	Infusion
Psychological Objective (continued)		
The student will . . . Recognize the importance of belonging to several different groups State the relationship between personal strengths and weaknesses and group acceptance	strengths weaknesses acceptance change identity realistic unrealistic relationship social global personality growing communication friendship	At-risk students Guidance Thinking skills Communication Gifted and talented Multicultural-nonsexist education
Emotional Objective: To recognize how feelings may cause problems that affect behavior.		
The student will . . . Assess personal feelings by identifying experiences that influence emotions Identify the causes of stress and conflict Differentiate between acceptable and unacceptable behavior	emotions respect selfishness affection behavior	At-risk students Career education Communication Global education Guidance

Integration	Activities	Resources
Social Studies Language Arts Reading Drama Writing	Role-playing real-life people and ideal people; analyze verbally Role-playing in front of mirror	
Health Reading Social studies PE Art Music	Self-awareness inventory I, Me, Myself paragraphs Listening exercises	Guidance counselor Palomares and Ball, 1976, <i>Magic Circle</i>

Dimensions of Personal Development

4-6

Student Outcomes	Vocabulary	Infusion
Social Objective: To understand social differences in people and roles.		
The student will . . . Describe complementary and conflicting roles of parents and children Show respect for legal and moral rights of self and others Show sensitivity to differences in cultural patterns and expectations Recognize the effects of personal health practices on social, mental, emotional, and physical well-being Demonstrate feelings that are open, warm, and accepting of others Analyze social change and value responses	role conflict groups societal units interdependence rights cultural patterns self-discipline health decision making	At-risk students Career education Communication Global education Guidance Multicultural-nonsexist education Thinking skills
Moral-Spiritual Objective: To understand how value differences may lead to labels such as moral, immoral, or amoral.		
The student will . . . Identify differing attitudes Classify positive and negative attitudes	attitudes beliefs values religion nations prejudices race differences sex differences	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Communication Guidance Global education

Integration	Activities	Resources
Reading Social Studies Health Mathematics	Describe qualities liked in friends. Practice introductions. Keep a daily journal. Set up small group discussions. Conduct two panel discussions— • by parents: "What we expect from our children" • by students: "What we expect from our parents" Do follow-up synthesis and analysis of panel discussion. Organize a "welcome team" to act as a group to plan and initiate welcoming activities for new students.	ISU Extension family specialist Guidance counselor Speakers from various cultures IALAC story Good Apple materials
Reading Social Studies Language Arts PE Health Parent conferences	Values clarification activities Role-play the endings of incomplete scenarios or stories; discuss preferable responses.	Sinn, et al., <i>Values Clarification</i>

Dimensions of Personal Development

4-6

Student Outcomes	Vocabulary	Infusion
Moral-Spiritual Objective (continued)		
The student will . . . Describe the relationship between attitudes and beliefs Understand how personal attitudes, beliefs, and values are questioned by others Compare personal values with those of others Recognize the role of prejudice in personal values		
Sexual Objective: To recognize that all people are sexual from birth, physically and psychologically.		
The student will . . . Define the structure, function, and care of the reproductive system Use appropriate terminology for the human reproductive system Recognize the influences of heredity on growth and development	friend/nonfriend acquaintance peer clique communicate reproduction genitals female uterus cervix ovaries fallopian tubes vagina labia mons pubis clitoris menarche menstruation ovulation progesterone menopause	At-risk students Career education Communication Guidance Learning skills Thinking skills

Integration	Activities	Resources
	Form dyads; pairs discuss attitudes, beliefs, or selected topic(s). Fishbowl; have a small group in the center discuss a belief while others observe; discuss. Have students create a classroom game based on "Scruples."	
Social Studies Art Music Language Arts Reading PE Science Health	Have small groups make up a song to describe friendship. Discuss each song and the traits mentioned. Have each student make a chart on a sheet of paper of three friendship skills to develop. They should work on these skills each day of the week, then rate themselves on the efforts put forth each day according to an agreed-upon scale. Have students interview parents regarding their height/weight/physical development; compare with own; analyze family heredity patterns.	Gardner-Loulan, 1981, <i>Period</i> Purdy and Kendziorski, 1980, <i>Understanding Your Sexuality</i> Journal/Perennial Films, <i>Human Growth III</i> CMR/McGraw-Hill Films, <i>Human Reproduction</i> Sunburst Films, <i>Understanding Human Reproduction</i> Rosenberg, 1983, <i>Growing Up Feeling Good</i>

Dimensions of Personal Development

4-6

Student Outcomes	Vocabulary	Infusion
Sexual Objective (continued)		
	male penis scrotum urethra semen circumcision testosterone testicles sperm epididymis seminal vesicles ejaculatory ducts prostate gland ejaculation erection nocturnal emission heredity genes chromosomes physical traits mental traits emotional traits	

Integration	Activities	Resources

Dimensions of Personal Development

7-8

Student Outcomes	Vocabulary	Infusion
Physical Objective: To understand that physical growth creates changes affecting other dimensions of development.		
The student will . . . Identify normal changes during the stages of life cycle Use the correct terminology when discussing human development and sexuality Accept handicapped people as individuals with unique needs and strengths	maturity muscular endocrine glands growth spurt ovaries ova testicles sperm cells secondary sex characteristics acne biological "clock" "normal" timetable comparison uniqueness adolescence growth patterns reproduction disabled labels dyslexia paraplegic paralyzed disability capabilities compensate retardation attitudes accessibility	At-risk students Career education Communication Guidance Learning skills
Psychological Objective: To understand that psychological identity is important to self-acceptance in relationships with significant others.		
The student will . . . Explore roles that affect perceptions of self and others Recognize personal role identities that attract girls and boys to each other	personality characteristics roles self-esteem self-identity self-worth relationships heterosexual	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Communication Guidance Global education

Integration	Activities	Resources
Social Studies Science Art Music Language Arts Reading PE Home Economics Health Foreign Language Special Education	Adopt a special education class for a year. Integrate social activities, arrange peer tutoring, story reading, music, etc. Visit a preschool handicapped class and a regular preschool class; compare and contrast physical development. Role-play handicapped situations, e.g., blindfolded, wheelchair, one limb immobile, etc. Make personal life growth charts for each age; research baby book and albums; have interviews with relatives.	<i>National Geographic</i>, 1980, "Seasons of Sexuality" Churchill Films, 1984, <i>Boy to Man</i> Churchill Films, 1984, <i>Girl to Woman</i> McCoy and Wibbelsman, 1978, <i>The Teenage Body Book</i> Rosenberg, 1983, <i>Growing Up Feeling Good</i> Special Education teachers and classes Parents, relatives
Home Economics History Civics PE Art Social Studies Health Science	Photography unit on people, their characteristics, and roles Diary or journal on feelings about self and others Group discussions on behavior and responsibility	

Dimensions of Personal Development

7-8

Student Outcomes	Vocabulary	Infusion
Psychological Objective (continued)		
The student will . . . Discuss the relationship between self-concept, acceptance, and behavior Relate behavior to responsibility for self and others	responsibility psychological feelings interpersonal social family global mental decision making conflict cultures	
Emotional Objective: To appreciate how feelings and behavior may affect others and lead to interpersonal conflict.		
The student will . . . Analyze how one's behavior influences the feelings and actions of others Demonstrate alternate ways of dealing with conflict, stress, and emotions	relationships human needs conflict resolution opinions	At-risk students Career education Global education Guidance
Social Objective: To recognize social attitudes and values in self and others.		
The student will . . . Discuss origins of values and attitudes Analyze impact of peer pressure on individual and group Assess personal values in relation to societal roles and norms Identify personal contributions to different environments and society	values attitudes peer pressure societal norms citizenship life-style friendship conflict resolution clique	At-risk students Career education Communication Global education Guidance Technology

Integration	Activities	Resources
English and Composition Music Computer	Building self-esteem games and activities	
Home Economics Health Social Studies Science Music Language Arts	Rap sessions Stress checklist Relaxation techniques	Guidance counselor Resnik, 1985, <i>Skills for Adolescence</i>
Home Economics Social Studies Language Arts	Role-play List resources available to help with problems. Brainstorm types of peer pressure; record; have dyads share experience, then have group analyze ways to deal with peer pressure.	ISU Extension family specialist Guidance counselor

Dimensions of Personal Development

7-8

Student Outcomes	Vocabulary	Infusion
Social Objective (continued)		
The student will . . . Identify personal contributions to different environments and society Analyze how behavior is affected by self-image, values, peers, knowledge, prejudice, ethnic origin, strengths, weaknesses Reconcile personal values and needs with societal welfare Demonstrate good citizenship		
Moral-Spiritual Objective: To recognize how differing moral stances may lead to conflict.		
The student will . . . Define personal and societal value systems Evaluate influences affecting values Discriminate between personal, societal, and global values Identify sources of value conflict	love caring respect honesty duty responsibility home life attitudes government truth justice human rights freedom racism sexism individualism pluralism creationism negativism evolutionism communism socialism capitalism	Thinking skills Multicultural-nonsexist education Communication skills Guidance Global education

Integration	Activities	Resources
History Social Studies Civics English Music Health Science	Journal keeping Theme writing Role-playing Newspaper search for articles showing value conflict Panel of local clergy Circular response to personal value topic: seat group in circle; establish rules for listening to others' views; speak in turn around the circle Panel interviews with guest speakers from diverse cultures Establish visits to school from international students	Speakers from diverse cultural backgrounds Local clergy

Dimensions of Personal Development

7-8

Student Outcomes	Vocabulary	Infusion
Sexual Objective: To recognize how sexual issues and behaviors accompany sexual development.		
The student will . . . Review sexual growth and development Recognize sex drive in human relationships Examine a continuum for appropriateness of physical contact Discuss responsible sexual expression Recognize physical, mental, and emotional maturation processes as related to sexuality Discuss the influence of parental attitudes, environmental stimulations, and childhood experiences on sexuality Differentiate between sexual myths and facts	reproduction genitals female uterus cervix ovaries fallopian tubes vagina labia labia majora labia minora mons pubis clitoris hymen menarche menstruation menopause ovulation progesterone male penis scrotum urethra semen circumcision testosterone testicles sperm epididymis seminal vesicles ejaculation ejaculatory ducts prostate gland nocturnal emission sexual arousal physical sexual behavior holding hands kissing petting intercourse masturbation	At-risk students Career education Communication Guidance Learning skills Technology Thinking skills

Integration	Activities	Resources
Science Language Arts Reading PE Health Home Economics Social Studies Music Art	Identify sexual organs on a model. Have students write feelings regarding sexuality on index cards; collect cards and mix; pass out to small group to read and discuss; large group can discuss commonalities. Journal writing Invite pediatric nurse to discuss effects of prenatal and natal care on babies Processing questions: give triads thought-provoking questions with time for exploring feelings and beliefs about behaviors Collect ad from magazines; discuss how ads use sexuality to sell; distinguish between fact and myth in ads.	Meeks, 1982, <i>Family Living and Human Reproduction</i> Bell, 1980, <i>Changing Lives</i> Scriptographic Booklet, 1985, <i>What You Should Know About Teen Pregnancy</i> Scriptographic Booklet, 1983, <i>About Becoming an Adult</i> Agger, 1974, <i>Becoming Woman</i> Harvey, 1976, <i>Becoming Man</i> Local hospital and doctors

Dimensions of Personal Development

7-8

Student Outcomes	Vocabulary	Infusion
Sexual Objective (continued)		
	decision-making alternatives short-term consequences long-term consequences economic social educational death risks prenatal low birthweight fetal death toxemia anemia nutritional deficiencies needs affection acceptance security achievement abstract reasoning psychomotor skills	

Integration	Activities	Resources

Dimensions of Personal Development

9-12

Student Outcomes	Vocabulary	Infusion
Physical Objective: To appreciate physical growth as a part of the maturation realized in adult roles and aging processes.		
The student will . . . Recognize interruptions to the growth and development process caused by physical, mental, and emotional crises Identify physical advantages and disadvantages of technological advances Discuss predictable changes in developmental stages (birth, maturing, aging, death) Recognize life-style choices influencing the aging process	physical mental emotional crisis disease accident environment alternatives consequences values decisions attitudes compromise acceptance sexuality intimate sexual involvement responsibility	At-risk students Career education Communication Global education Learning skills Thinking skills
Psychological Objective: To recognize that personality flourishes when self-esteem is high and responsible decisions are made.		
The student will . . . Recognize that attraction to the opposite sex is psychologically and developmentally based Analyze the role of positive self-esteem in healthy relationships Discuss decision making and responsibility within relationships Evaluate communication as a cause and resolution of problems	awareness sensitivity caution self-respect caring love commitment problem solving development maturation heterosexuality homosexuality sexuality moral ethical values self-assessment conformity	At-risk students Thinking skills Multicultural-nonsexist education Gifted and talented Learning skills Communication Guidance Global education Career education

Integration	Activities	Resources
Social Studies Science PE Health Home Economics Industrial Arts Vocational Agriculture Language Arts Reading Art Music Computer	Have foreign exchange students or people of other cultural backgrounds discuss differences between attitudes and expectations in their cultures and those of American teens. Visit a senior citizen center; ask for an interview or listen to stories between residents and small groups; later, process reactions through writing, sharing, discussing. Use phone book to review 1-800 numbers; discuss value of crisis information and referral.	Exchange students Sunburst Films, <i>Getting Through the Bad Times</i> Elder, 1982, <i>Making Value Judgments</i> Sunburst Films, <i>Sexual Responsibility: A Two-Way Street</i> Pleasantville Media, <i>Teenage Sex: How to Set Limits</i>
Life Sciences Biology Drug Education Home Economics Child Development Teen Life Health Adult Living Government Economics PE Art Music History English and Composition Psychology Sociology	Speeches about effective communication Psychological and personality analysis papers Relationship role-plays Use a problem situation in a relationship as a model for decision making.	

Dimensions of Personal Development

9-12

Student Outcomes	Vocabulary	Infusion
Psychological Objective (continued)		
The student will . . . Understand how relationships may dissolve when self and others' regard diminishes	individualism analysis	
Emotional Objective: To understand why intimate feelings require maturity and mutual respect.		
The student will . . . Accept and respect the rights and opinions of others Maintain self-discipline and maturity in dealing with emotional conflicts and stress Recognize how love and affection influence behavior	stress self-discipline maturity stress management empathy	At-risk students Career education Communication Global education Guidance
Social Objective: To appreciate that social awareness requires mature sensitivity to diverse individuals and groups.		
The student will . . . Analyze the interrelationships among career and family roles, responsibilities, and harmony Recognize ways to resolve conflicts between personal values and societal expectations	mental health multiple roles conflict resolution cultural appreciation self-control social conscience cultural pluralism citizenship	At-risk students Career education Communication Global education Guidance Technology

Integration	Activities	Resources
Science Home Economics PE Health Social Studies Foreign Language Music Language Arts	Analysis of news clippings about persons handling stress Life-style planning sheet	Guidance counselor
Social Studies Language Arts Home Economics Health PE	Reaction reports Intercultural research Role-playing Surveying students on various issues Writing articles for high school newspaper Debates	ISU Extension family specialist Guidance counselor AEA media resources

Dimensions of Personal Development 9-12

Student Outcomes	Vocabulary	Infusion
Social Objective (continued)		
The student will . . . Appreciate qualities of responsible citizenship Appreciate other cultures Respect legal and moral rights of self and others Appreciate the impact significant people have on the lifestyles of others Demonstrate ability in socialization skills, self-control, and respect for others Formulate personal plan for maintaining mental health Use knowledge and skills from academic disciplines in planning and achieving goals Develop a social conscience		
Moral-Spiritual Objective: To recognize how moral and spiritual growth fosters maturity and inner happiness.		
The student will . . . Analyze the positive and negative effects of beliefs and spirituality Recognize the relationship among beliefs, spirituality, and personal integrity	beliefs spirituality aesthetics metaphysics integrity ethics philosophy	Thinking skills Communication Gifted and talented At-risk students Global education Guidance

Integration	Activities	Resources
	Write appreciation letter to person who has had significant impact on personal life. Conduct a mock trial. Invite a local police officer to relate case studies of youth (identity protected) who had trouble with the law. Discuss social control and social consciousness as they relate to the law.	Local police department
Social Studies Language Arts Health Home Economics	Analyze a hypothetical ethical situation; divide into small groups to propose ethical responses; share and discuss. Invite local business representatives to share their code of ethics in the organization.	Local business organizations

Dimensions of Personal Development

9-12

Student Outcomes	Vocabulary	Infusion
Moral-Spiritual Objective (continued)		
The student will . . . Generalize a code of ethics from personal view of integrity Integrate code of ethics, personal integrity, spirituality, values, beliefs, and attitudes with meaning and direction of behavior		
Sexual Objective: To understand why sexual values and behaviors change as one matures in all dimensions of development.		
The student will . . . Recognize sex drive as a natural force Describe how family communication patterns influence sexual values and behaviors Explain how sexual values and behaviors of teens are influenced by peers Identify personal values to give direction in making mature sexual adjustments	sexual pleasure responsibility alternatives short-term consequences long-term consequences self-respect value sources positive peer pressure negative peer pressure peer support goal setting career goals educational goals economic goals personal goals	At-risk students Career education Communication Global education Guidance Learning skills Technology

Integration	Activities	Resources
	Develop a personal code of ethics; explain to a discussion partner how it affects attitudes and behaviors.	
Social Studies Science Music Language Arts Reading PE Home Economics Health	Class discussions Fishbowl exercises Question boxes	McCoy and Wibbelsman, 1978, <i>The Teenage Body Book</i> Sunburst Films, <i>Friends: How They Help . . . How They Hurt</i> Bowe-Gutman, <i>Teen Pregnancy</i>

Interpersonal Skills

Effective communication, functional relationships, family cohesion, and parent-child closeness all require interpersonal skills. The responsibility for helping students acquire these skills remains a high priority for schools, given the tremendous social upheaval many students find themselves in as family structures change. The effects of family dissolution, divorce, parent-child alienation, and "cold media" communication may leave children and youth with bottled-up emotions or psychogenic illnesses. These may be symptomatically acted out in drug abuse, promiscuity, apathy toward school, criminal behavior, suicide, and other at-risk behaviors.

As increasing numbers of students with these backgrounds enter the classroom, the challenge facing educators is monumental. It is hoped that this section of the *Human Growth and Development Curriculum Guide* will supplement teacher efforts with additional avenues for assisting students in their development of effective interpersonal skills.

INTERPERSONAL SKILLS:

	RELATIONSHIPS	COMMUNICATION
K-3	To understand the importance of self, others, and relationships.	To understand why communication is necessary to express feelings about self and others.
4-6	To recognize that individual and interpersonal skills are necessary for relationships to grow.	To recognize the importance of speaking up for oneself and speaking out on ideas and issues.
7-8	To understand how one's attitudes and behaviors affect relationships.	To appreciate communication as a powerful tool that can either separate people or bring them together.
9-12	To appreciate that relationships are complex, requiring sensitivity to differences in individuals and groups.	To recognize how communications affect personal and group decision making and may be politically based.

K-12 SCOPE AND SEQUENCE

FAMILY LIFE	PARENTING	
To recognize different family structures and behaviors.	To understand parenting responsibilities and difficulties.	K-3
To understand different roles and responsibilities in families.	To recognize that parenting differs in different families.	4-6
To recognize that as families change, individuals and expectations change.	To appreciate the roles a parent plays in caring for and rearing children.	7-8
To appreciate how interpersonal and communication skills can be applied to family living experiences.	To recognize parenting qualities needed to foster healthy children and healthy families.	9-12

Interpersonal Skills

K-3

Student Outcomes	Vocabulary	Infusion
Relationships Objective: To understand the importance of self, others, and relationships.		
The student will . . . Make positive statements about self and others List qualities of a friend Recognize reasons why friendships stop Role-play desirable skills for interacting with and relating to others Recognize that all people have value as human beings Show respect and understanding of differences among people's cultures, life-styles, attitudes, and abilities	friend friendships feelings abilities weaknesses strengths interact value conflict respect culture life-style attitude differences behavior	At-risk students Guidance Communication Learning skills
Communication Objective: To understand why communication is necessary to express feelings about self and others.		
The student will . . . Identify feelings related to situations that make one feel good and/or bad Identify the rights of a person to limit contact with others Identify words and sounds that make one feel good or bad	good feelings bad feelings our rights others' rights unwanted touch confiding in others secrets to keep secrets to tell words that hurt offensive actions repeat	At-risk students Guidance Communication Thinking skills Multicultural-nonsexist education

Integration	Activities	Resources
Social Studies PE Recess Story Time Reading Art	Tell classmates what you like about them. "I like . . ." Establish a "sharing day" in which each person shares a toy and some time with a specific classmate. Role-play relationships, interactions. Create a friendship tree; place flowers or butterflies on the tree with a term for a quality of a friend.	National Occupational Information Coordinating Comm., <i>National Career Guidance and Counseling Guidelines</i> (Elementary) McElmurry, 1984, <i>Communication</i> ____, <i>Belonging</i> ____, <i>Appreciating</i> Sanders and Turner, <i>Coping</i> <i>Self-Esteem: Self-Awareness</i> (film) <i>Your Self-Image</i> (film)
Language Health Social Studies Mathematics Art History Science Literature PE	List good and bad feelings. Discuss why each is good or bad. Does everyone feel the same? List statements that could be used for unwanted touch. Discuss who to tell if touched in unwanted ways. List safe people and safe places.	School librarian Local public librarian Local abuse centers Morris and Thompson, 1985, <i>Feeling Good about Me</i> McDaniel and Bielen, 1986, <i>Project Self-Esteem</i>

Interpersonal Skills

K-3

Student Outcomes	Vocabulary	Infusion
Communication Objective (continued)		
The student will . . . Demonstrate ways to express feelings toward others Differentiate between socially acceptable and unacceptable words Identify socially acceptable responses to unacceptable behavior in others	reword ask questions I can't I won't No acceptable unacceptable behavior social behavior visual clues	
Family Life Objective: To recognize different family structures and behaviors.		
The student will . . . Appreciate differences and similarities that exist in various families Analyze the effects of changing family structures and life stages	family adoption stepfamily latchkey divorce separation promotion stress job retire single	At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills

Integration	Activities	Resources
	Class brainstorms words that make them feel good. Compare other words/feelings. Create card game, read situations on card and have students state what they would do. Make audiotape of sounds, have students relate how they feel. Play the game "Simon Says" to show the importance of listening. Discuss differences between "I can't" (I don't have the ability) and "I won't" (I don't want to—an act of will). When is it appropriate to use each? Read a situation, have students tell how they would feel and what action they could take.	Jensen et al., 1985-1986, <i>First Steps</i> Hasenstab and Flaherty, 1982, <i>Teaching through Learning Channels</i> <i>Friendly Classroom for a Small Planet</i>
Reading Art History Iowa History PE Recess Civics Playground Lunch Team Sports	Story hour Read and discuss how some families differ but all can be strong. Review plots of current TV shows; discuss what students liked and didn't like and why.	Librarian Cartoons Books P.T.A. Families TV

Interpersonal Skills

K-3

Student Outcomes	Vocabulary	Infusion
Family Life Objective (continued)		
The student will . . . Distinguish the various ways in which love is expressed within a family Develop a sense of appreciation for the individuality, needs, and expectations of each family member Practice skills in the areas of constructive verbal and non-verbal communication Demonstrate assertive behavior in interpersonal relationships Demonstrate positive techniques for dealing with daily stress and major crises	married cooperation support affection security responsible roles discipline violence anger abuse love support emotional individuality duty communication feeling message objective view open-minded bigot prejudge verbal nonverbal expectations self self-esteem self-concept stereotype norms interact assertive pushy bully crisis abuse constructive	

Integration	Activities	Resources
	Have students bring something that reflects family heritage for Show and Tell. Talk about customs, family tradition, etc. Write and perform a play. Create a family coat of arms. Have guest speaker from a community agency discuss appropriate vs. inappropriate punishment. Make a calendar of things to do as a family; copy and send home. Make a list of family responsibilities for each member of student's family. Put on mime plays; act impatient, angry, proud, happy, hurt. Play version of desert survival with students.	Movies Adopt-a-Grandparent Program ISU Extension handout Dreikurs, 1974, <i>The Family Council</i> Iowa Commission on Children, Youth and Families brochures Kramer, <i>The Dynamics of Relationships</i> Dinkmeyer, 1980, <i>STEP Course for Parents and Teachers</i> 1986, <i>Making Children Self-Reliant</i> Glasser, 1978, <i>The Problem of Discipline and Violence in American Education</i> 1981, <i>Coaching Young Athletes</i>

Interpersonal Skills

K-3

Student Outcomes	Vocabulary	Infusion
Parenting Objective: To understand parenting responsibilities and difficulties.		
The student will . . . List responsibilities at home and at school Identify proper nutrition habits Appreciate the strengths of different types of families Appreciate the various tasks and responsibilities of a parent Explain how parents are alike and different	responsibility nutrition family single parent stepparent adoptive parent foster parent	At-risk students Career education Communication Guidance Learning skills Technology

Integration	Activities	Resources
Social Studies Health Literature Sharing Art Science Reading	Make collage of proper nutrition or family pictures. Use a list of spelling words about families. Prepare a meal that includes all food groups. Read stories from other cultures; reenact the story; discuss how being a child or parent is different and alike between cultures. Compare tasks performed by parents. Invite groups of parents and grandparents to class; assign to small groups for students to interview on responsibilities, tasks, problems, joys of being parent or grandparent; report findings; make composite list.	Health texts

Interpersonal Skills

4-6

Student Outcomes	Vocabulary	Infusion
Relationships Objective: To recognize that individual and interpersonal skills are necessary for relationships to grow.		
The student will . . . Identify personal behaviors and qualities required for success in school and family situations Demonstrate desirable skills for interacting with and relating to others Demonstrate skills in resolving conflicts with peers and adults Identify sources and effects of peer pressure Identify types of feedback that can occur between friends Describe the roles and responsibilities of friends Tell why it is important for persons to have same sex and opposite sex friends Identify different kinds of friendships	positive negative behavior characteristics interacting relating conflict tolerance flexibility peer pressure beliefs culture life-style attitude abilities respect jealousy value	At-risk students Multicultural-nonsexist education Guidance

Integration	Activities	Resources
Reading Social Studies Career Education Mathematics Recess PE Language Arts Art	Pose a conflict between two friends; have students role-play various resolutions. Show <i>Friends of Many Cultures</i> and have students list differences between their cultural background and those presented in the film. Reenact a conflict that occurred on the schoolground; role-play alternative resolutions. Read or dramatize the story <i>The Blind Man and the Elephant</i>. Learn a 3, 5, 7 step model of mediation. R & R message: "I resent it when you. . . ." "I request that you. . . ." Practice statements, "When you . . . I feel. . . ."	McElmurry, 1981, <i>Caring</i> ____, <i>Cooperating</i> Pincus, <i>Sharing</i> <i>Loving</i> <i>Relating</i> <i>Friends of Many Cultures</i> (film) <i>Like You, Like Me</i> (film) <i>Ed Begley, Jr.'s Secrets of Being Friends</i> (film) <i>Fight</i> (film) NAME: National Association for Mediation in Education <i>Friendly Classroom for a Small Planet</i> <i>Creative Conflict Solving for Kids</i>

Interpersonal Skills

4-6

Student Outcomes	Vocabulary	Infusion
Communication Objective: To recognize the importance of speaking up for oneself and speaking out on ideas and issues.		
The student will . . . Classify the feelings related to given situations Formulate specific assertive actions that can be used in response to undesirable actions of others Examine specific situations that demonstrate acceptable behavior Demonstrate assertive expression of feelings toward others Discuss inappropriate sounds or word choices Describe responsible dialogue that avoids hurt and control of others	feelings feelings of others good/bad touch individual others' rights socially acceptable socially unacceptable stereotypes demeaning observer participant exploitation commercials assertive actions passive actions aggressive actions acceptable behavior unacceptable behavior body sounds mouth sounds offensive word clues sound clues secrets to tell secrets to keep aggressive expression name-calling put-downs hurting control control of others responsibility to others I can't I won't effective speech peer pressure pressure action	At-risk students Communication Guidance Learning skills

Integration	Activities	Resources
Literature Language Social Studies Reading Health	Create audiotape of sounds to judge good or bad. Create a story about a person asked to participate in an activity but told not to tell anyone else; use stories as discussion tools. Make filmstrip or pictures of situations that express feelings. Discuss differences between "I can't" (I don't have the ability) and "I won't" (I don't want to—an act of the will) and when appropriate to use each. Discuss peer pressure in small groups or teams. Talk about results of challenging peer pressure. In small groups compile list of acceptable words to use in place of unacceptable ones. Write a play to demonstrate stereotypes to others. Make scrapbooks of advertisements that show feelings and discuss how observers feel about the ads. Examine literature and text material for stereotypes and demeaning references. Use tally sheet for television advertisements by products feelings, or stereotypes.	School librarian Local public librarian Local abuse centers Hasenstab and Flaherty, 1982, <i>Teaching through Learning Channels</i> Clase, 1975, <i>The Other Side of the Report Card</i> Schultz, 1981, <i>Sexuality and the Adolescent</i>

Interpersonal Skills

4-6

Student Outcomes	Vocabulary	Infusion
Family Life Objective: To understand different roles and responsibilities in families.		
The student will . . . Identify the strengths and weaknesses of the various family forms Appreciate families as positive sources that include protection, guidance, love, affection, support, and security, as well as sources of anger, violence, and unhappiness Describe roles and responsibilities of families and individuals Use constructive communication skills in contributing to family decision making and goal setting Demonstrate appropriate ways to communicate ideas within the family structure Express personal feelings while showing respect and acceptance of divergent ideas Identify verbal and nonverbal ways that messages are communicated Analyze the changing roles and behaviors of men and women in today's society Demonstrate assertive behaviors in interpersonal relationships	two-parent single-parent blended foster intergenerational life stages roles responsibilities abuse (physical and mental) tension stress depression nonverbal stereotype puberty social skills life-style	Learning skills Guidance At-risk students Career education

Integration	Activities	Resources
History English Literature Reading School Play Science (Biology)	Ask students to share positive stories about their families. Ask counselors to talk to classes, making sure that the students know who the counselor is and that "the door is always open." Discuss positive ways of dealing with stress. Discuss assertive ways of dealing with abuse. Use newspapers for examples, encouraging students to respond to similar situations in positive fashion. Promote community activities that are family oriented. Role-play endings to incomplete stories about families. Use community issues as basis of debate; divide class to take each side, then reverse roles. Have students act out expectations, both verbal and nonverbal.	Support groups Retirement homes Iowa Department of Human Services Dubuque Comm. School District P.T.A. ISU Extension offices State Public Policy Group, <i>Youth 2000 Activity Guide</i> Faber and Mazlish, 1980, <i>How to Talk So Kids Will Listen and Listen So Kids Will Talk</i> Johnson and Johnson, <i>How a Baby Grows</i> (chart) Iowa Co. Comp. School Health Education Speakers Bureau, Univ. of Iowa Hospitals 1985, <i>Changes: Becoming the Best You Can Be</i> 1985, <i>Children from Alcoholic Families, A Resource Guide</i>

Interpersonal Skills

4-6

Student Outcomes	Vocabulary	Infusion
Family Life Objective (continued)		
Parenting Objective: To recognize that parenting differs in different families.		
The student will . . . Recognize need for expanding responsibilities with age Recognize need for making decisions about becoming a parent Identify proper nutrition and safety habits Affirm personal family composition, family forms, and heritage	responsibility decision making parenting nutrition single parent stepparent adoptive parent foster parent	At-risk students Career education Communication Guidance Learning skills Technology

Integration	Activities	Resources
	Role-play practice to model good behavior. Generate list of good and bad touches, giving feelings associated with each. Generate list of personal and others' rights. Read scenario to students to discuss possible outcomes and actions. Read book to class, discussing feelings, actions, and possible results from situation.	
Health Counseling Social Studies Science Literature	List kinds of decisions students make as 6th graders (what to wear, after-school snacks, spending allowance or earned money, etc.). Compare list with decisions made as 3rd graders. Discuss: Has the number of decisions increased? Have the types changed? Why? How do you decide what to wear or do? How do friends or family influence your decisions? What do you do when there is a difference of opinion between your friends and family? What kinds of decisions do you expect to be making two years from now?	

Interpersonal Skills

7-8

Student Outcomes	Vocabulary	Infusion
Relationships Objective: To understand how one's attitudes and behaviors affect relationships.		
The student will . . . Describe how one's behavior influences the feelings and actions of others Relate beliefs and attitudes to the process of developing a personal value system Contribute to group activities by demonstrating competencies in interrelating with group members Demonstrate positive ways of dealing with various emotions, conflict, and stress Define intimacy in terms of a specific friendship	attributes environmental influences attitude aptitude self-uniqueness self-perception self-concept self-esteem mutual respect coping self-characteristic group characteristic tolerance flexibility criticism value system emotions compatible jealousy trust long-term effects intimacy empathy	Guidance At-risk students Learning skills
Communication Objective: To appreciate communication as a powerful tool that can either separate people or bring them together.		
The student will . . . Specify assertive responses to undesirable situations Demonstrate assertive expression of feelings and beliefs Discuss power and control in relationships	feelings good/bad touch assertive aggressive passive wanted/unwanted touch reactions offensive power responsibility secrets put-downs demeaning	Guidance At-risk students Learning skills

Integration	Activities	Resources
Reading Social Studies Science Language Arts PE Career Education Interscholastic Athletics "Project" Learning Mathematics Intramurals	Show the film <i>Who Do You Think Should Belong to the Club?</i> Discuss similarities and differences of the members. Role-play several situations in which the student is openly criticized. Discuss and list ways of handling the criticism. Practice listening skills with various games.	Equal Partners, 1983, <i>The Dynamics of Relationships: A Prevention Program for Teens</i> Pincus, <i>Sharing</i> Loving McElmurry, <i>Caring</i> Sanders, <i>Coping</i> <i>Who Do You Think Should Belong to the Club?</i> (film) <i>Sophie Minds the Store</i> (film)
English Health Reading Social Studies PE Science Mathematics	Cooperative group conclusions on good and bad feelings, noting why feelings are good/bad Group-generated list of personal and others' rights Read scenario for students to give possible outcomes and actions. Read book aloud for students to discuss feelings, actions, and possible results of situation.	School librarian Local public librarian Local abuse centers McDaniel and Bielen, 1986, <i>Project Self-Esteem</i> Schultz, 1981, <i>Sexuality and the Adolescent</i>

Interpersonal Skills

7-8

Student Outcomes	Vocabulary	Infusion
Communication Objective (continued)		
The student will . . . Model responsible dialogue that avoids hurting and controlling others Differentiate between socially acceptable and unacceptable words and sounds Analyze language for exploitation and stereotyping	hurting others ability permission consequences peers friends pressure challenge in-group situation-appropriate exploitation power stereotypes observer	

Integration	Activities	Resources
	Cooperative group brainstorming, appraising power of some over others; report to full class Role-play situation of not telling what happened and possible reactions. Write assertive expressions of students' feelings about given situations. Create group dialogue about a situation, being direct but avoiding hurting and controlling others. Discuss differences between "I can't" (I don't have the ability) and "I won't" (I don't want to—an act of the will) and discuss when to use each. Have small group or team discuss peer pressure. What are results of challenging peer pressure? Hold small-group buzz session, discussing appropriate vocabulary for assigned situations Generate specific situations from reading material, giving situation, possible attitude changes, and vocabulary changes. Use tally sheet to keep track of TV commercials, listing specific stereotypes, demeaning references, and examples of exploitation. Provide practice for students to model good behavior.	Hasenstab and Flaherty, 1982, <i>Teaching through Learning Channels</i> Clase, 1975, <i>The Other Side of the Report Card</i>

Interpersonal Skills

7-8

Student Outcomes	Vocabulary	Infusion
Family Life Objective: To recognize that as families change, individuals and expectations change.		
The student will . . . Analyze the effects of changing family structure and changing life stages on family structures and each family member Recognize the various ways in which love is expressed within a family Exercise abilities to hear and accept differing points of view Analyze the difference between verbal and silent expectations in relationships Identify how the changing physical process affects emotions and personal relationships with others Analyze the life-style options that are available Differentiate between dependent, independent, and interdependent relating Evaluate expectations of a partner in a committed relationship Demonstrate positive ways to end a relationship Analyze factors that contribute to abuse in a relationship	two-parent family single-parent family blended family foster family intergenerational anxiety hostile inferior mature prejudice erection puberty menarche alternatives biofeedback agency community service crisis center	At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills

Integration	Activities	Resources
Current Events Health Social Studies Literature Home Economics	Discussion groups Role-play with two students acting as parents and two as children; discuss. Fishbowl: have girls sit in inner circle and talk about men; boys can't comment. Talk about expectations, roles, etc., then discuss and reverse positions. Field trips	<i>Parent Magazine</i> Church groups United Way ISU Extension offices <i>U.S. News and World Report</i> , 1981, "Peer Pressure" <i>Kramer, The Dynamics of Relationships</i>

Interpersonal Skills

7-8

Student Outcomes	Vocabulary	Infusion
Family Life Objective (continued)		
The student will . . . Compare positive and negative responses for dealing with a stressful situation Use decision-making skills in contributing to personal and family goal setting		
Parenting Objective: To appreciate the roles a parent plays in caring for and rearing children.		
The student will . . . Recognize the social, physical, financial, and emotional roles of parenting Illustrate principles of ages and stages of child development Analyze how stages of development affect responsible decision making Discuss factors and consequences influencing the decision to become a parent Identify positive and negative realistic expectations of parenting Relate developmental principles to realistic expectations of parenting and care giving	roles responsibilities developmental stages decision making parenting rewards expectations nutrition adoptive parent foster parent single parent stepparent teen parent	At-risk students Career education Communication Guidance Learning skills Technology

Integration	Activities	Resources
Social Studies Literature Reading Health Sociology Psychology Mathematics Home Economics	Draw a lifeline on the blackboard for a child from birth to age 18. Have students list items needed at each age. Assign each student one age to investigate the costs of items listed. Have students suggest alternative ways of providing these items and comparable costs in terms of time and money (secondhand furniture, garage sales, hand-me-downs, Salvation Army, Goodwill, etc.). Encourage use of materials around the room and additional references and/or materials.	Burt, 1986, <i>Public Cost for Teenage Childbearing</i> Chilman, 1980, <i>Adolescent Pregnancy and Childbearing</i> Dozier, 1986, <i>A Report on Teen Pregnancy and Teen Parenting, Including Services Provided in Iowa</i> Guttmacher Institute, 1981, <i>Teenage Pregnancy: The Problem that Hasn't Gone Away</i> Adams, et al., August, 1987, <i>Iowa Medicine</i> , "Adolescent Pregnancy in Iowa" Morrison and Jensen, 1982, <i>Teenage Pregnancy: Special Counseling Considerations</i>

Interpersonal Skills

7-8

Student Outcomes	Vocabulary	Infusion
Parenting Objective (continued)		
The student will . . . - Model proper nutrition and safety habits - Describe strengths and concerns in varying family compositions - Identify the issues involved in parenting a child with special needs - Model effective parenting communication skills - Describe ethnic, racial, and cultural influences on parenting styles - Recognize the variety of individuals who work with and care for children in addition to parents		

Integration	Activities	Resources
	Plan a week of school lunch menus for the school cafeteria that incorporate healthy nutrition, appearance, and appeal. Design activities that involve discussing or completing with parents. Invite various childcare givers to visit class and discuss their jobs or assign students to visit child care centers to observe and interview.	

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Relationships Objective: To appreciate that relationships are complex, requiring sensitivity to differences in individuals and groups.		
The student will . . . Identify traits of high and low self-esteem Identify types of feedback and the responses that can occur between friends Identify appropriate behaviors, attitudes, and coping skills for terminating a relationship Assess the opportunities that dating affords to improve social and communication skills; learn about getting along with the opposite sex; learn about capabilities and needs; prepare for mate selection; and learn about the student's own sexuality Appraise perceptions of an appropriate date or mate Explain different kinds of love Formulate conflict resolution strategies to be used by friends to resolve differences	self-esteem environmental influences attitude aptitude self-uniqueness self-concept feedback coping skills traits appropriate self-gratification compatibility capabilities mate selection sexuality ideal addictive love jealousy trust conflict conflict resolution intimacy	At-risk students Communication Guidance Learning skills

Integration	Activities	Resources
Psychology Social Studies Language Arts Career Education Speech Home Economics PE Mathematics Interscholastic Athletics	Role-play a scene: A group of teenagers (female and male) gathered at one of their homes express likes and dislikes—food, clothes one member is wearing, music on the stereo, etc. Discuss appropriate and inappropriate ways of expressing these feelings. Brainstorm as a group to produce a list of traits to look for in a date. Rank the qualities from most to least important. Discuss the group decision and determine if other factors should be considered. Role-play mediation, learning the steps of mediating conflicts. Practice resolving conflicts with and without mediators.	Equal Partners, 1983, <i>The Dynamics of Relationships: A Prevention Program for Teens</i> 1986, <i>Adolescence: A Continuum from Childhood to Adulthood</i> <i>Self Incorporated</i> (film) <i>A Friend in Deed</i> (film) <i>Hi Rise Rebounds</i>, Parts 1 and 2 (film) <i>Resolving Conflicts</i> (film) <i>How Can I Tell If I'm Really in Love?</i> (film)

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Communication Objective: To recognize how communications affect personal and group decision making and may be politically based.		
The student will . . . Demonstrate assertive expression of feelings Create model responsible dialogue that avoids hurting and manipulating others Practice reading "I" messages Interpret the effects of peer pressure on responses to situations Examine the rights of a person to respond assertively to unwanted contact Evaluate information from printed material that exploits others Differentiate between art, photography, and sexual exploitation	put-downs demeaning control power why, who, what to tell feelings expressing feelings hurting others accepting others consequences outcome desired outcome peer pressure purpose of touch needs self-gratification personal rights truth fact responsibility stereotypes commercials convey hidden meaning implied arousal message media assertive passive aggressive exploit	At-risk students Communication Guidance Learning skills

Integration	Activities	Resources
Sociology Psychology Literature Social Studies Health English History Journalism Art Photography	Create audiotape of sounds, evaluating the message, and passing judgment on possible actions. Improvise situations demonstrating control over others, observing possible reasons for that control. Show film or video, assessing the power used to control others. Invite panel of experts to (1) field questions on control and abuse situations, or (2) give straight answers on unwanted touch, control, preventative actions, and help available. Use talk-show format: Invite a professional to answer questions on expressing feelings. In small groups, create dialogue that avoids hurting or controlling others. Discuss differences between "I can't" and "I won't," and when appropriate to use each. Discuss, in small groups or teams, peer pressure and the results of challenging it. Create a collage of specific feelings. Categorize words as socially acceptable or unacceptable.	School librarian Local public librarian Local abuse center Schultz, 1981, <i>Sexuality and the Adolescent</i> Hasenstab and Flaherty, 1982, <i>Teaching through Learning Channels</i> Freed, 1985, <i>T.A. for Teens and Other Important People</i> Clase, 1975, <i>The Other Side of the Report Card</i>

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Communication Objective (continued)		
Family Life Objective: To appreciate how interpersonal and communication skills can be applied to family living experiences.		
The student will . . . Examine how changing life stages affect the family structure and each family member Develop a sense of appreciation for the individuality, needs, and expectations of each family member	cults communes blended family extended family nuclear family commuter marriage mature love romantic love conflict resolution mediation security	At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills

Integration	Activities	Resources
	Distribute exploitive materials such as ads found in the library; have students read and write personal reactions. Discuss literary works, then write specific situations demonstrating demeaning references toward others. Use tally sheet to record demeaning stereotypes from videotaped examples of advertisements. Use a panel of students to field questions from class and discuss sexual exploitation. Cooperative group discussion: The role of visual symbols in communication Provide practice for students to model good behavior or role-play situations.	
Psychology Social Studies Counseling Home Economics Health	Discuss what social conditions help or hinder families (What if . . . families were required to go through mediation before divorce and forgo the use of two opposing lawyers?)	High school debates Senate elections <i>The Art of Active Listening</i> Gould, <i>Baby X</i> <i>The Values of Marriage</i> (film) QUEST

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Family Life Objective (continued)		
The student will . . . Use constructive communication skills in contributing to family decision making Exercise ability to hear and accept differing viewpoints Exhibit skills in the areas of constructive verbal and nonverbal communication Evaluate and analyze the changing roles and behaviors of men and women in today's society Expand skills required to maintain positive interaction of family and friends Evaluate the life-style options that are available Demonstrate assertive behavior in interpersonal relationships Discriminate among dependent, independent, and interdependent relating Use decision-making skills to identify issues of concern regarding marriage Demonstrate positive ways for changing a relationship Analyze factors that contribute to abuse in a relationship	validation value clarification objective subjective impartial bias reflective listening active listening body language vulnerable potential gender identity menopause parental autonomy rebellion homophobia celibacy platonic relationship sybiotic love committed wants dependent values traits behaviors traditional values value clarification coping skills maturation pathological biofeedback techniques	

Integration	Activities	Resources
	Discuss reasons for having or not having sex. List and compare reasons. "My partner should be _____." (List characteristics such as thrifty, sexy, smart, humorous, athletic, neat, clean, punctual.) Role-play how to give feelings messages, using only nonverbal communication. Write a skit about the roles of women and men changing through the centuries; have subgroups play roles from each era. Practice active and reflective listening. Role-play relationship conflict scenes; analyze alternative resolutions; reenact practicing the suggested alternatives; evaluate.	P.T.A. Social workers Doctors Lawyers

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Family Life Objective (continued)		
The student will . . . Distinguish between constructive and destructive behavioral response to a crisis situation		
Parenting Objective: To recognize parenting qualities needed to foster healthy children and healthy families.		
The student will . . . Describe the developmental ages, stages, and behaviors that require differing parental responses Analyze personal feelings and decisions about becoming a parent Select procedures for implementing plans to reach long- and short-term parenting goals Analyze personal ability to provide a nurturing environment for fostering optimal child development Model qualities and skills needed as nurturing parent	responsibilities parenting goal setting decision making adoptive parent foster parent single parent stepparent school-aged parent children with special needs crisis management stress management	At-risk students Career education Communication Guidance Learning skills Technology Multicultural-nonsexist education

Integration	Activities	Resources
Social Studies Literature Reading Health Sociology Psychology Science Home Economics	Have students develop a "Bill of Rights" for teenagers (could be adapted for other age levels). Include such rights as the right to be trusted; to choose their own friends; to drive the family car. Develop a "Bill of Rights" for parents. It might include the right to know where their teenagers are and the right to set limits for their teenagers. Read about different families in various cultures; invite a person from a different cultural background to discuss family life.	ISU Press, <i>Curriculum Guide</i>, "Sexuality and the Adolescent" _____, <i>Curriculum Guide</i>, "The Decision to Parent" _____, <i>Curriculum Guide</i>, "Parenting Today" <i>Family Relations</i>, 1981

Interpersonal Skills

9-12

Student Outcomes	Vocabulary	Infusion
Parenting Objective (continued)		
The student will . . . Identify appropriate family, neighborhood, and community resources available to parents and children Synthesize proper nutrition and safety habits for parent and child Analyze relationship between family composition and parenting behaviors Analyze personal behavior and people with special needs Summarize stages of and responses to predictable and unplanned life changes and crises Identify parenting environments that promote open communication, independence, self-esteem, and personal identity Describe ethnic, racial, and cultural influences on parenting styles		

Integration	Activities	Resources

Sex-based Exploitation

Our society has begun to understand, at the end of the twentieth century, the dangers inherent in sex-based exploitation. As a result of this increased awareness of how debilitating sexual stereotyping and how developmentally disabling sexual abuse can be, more and more school systems are being asked to provide education in sex-related issues and problems.

Supreme Court interpretations, new state laws, and institutional policy have allowed educators to address sexual oppression and discrimination in many of the ways that they addressed racial and other disenfranchised group issues. Opening new doors for students to investigate harassment, exploitation, assault, and other sex-related issues of maleness and femaleness will serve to enlighten, protect, and prevent the individual and group attitudes that have inhibited creativity, potential, and equality.

Iowa moved to the national forefront of combating discrimination by legislating a multicultural-nonsexist curriculum in 1978. This curriculum guide provides additional support for that initiative and continues Iowa's role as a leader in equity issues.

SEX-BASED EXPLOITATION:

SEX-ROLE STEREOTYPING

K-3

To understand that ideas and behavior may be gender based.

4-6

To recognize how sex-role stereotyping affects individuals and what they do.

7-8

To understand sex-role stereotyping as an impediment to growth, choice, and freedom.

9-12

To recognize how sex-role stereotyping may lead to personal and social discrimination, sex-based exploitation, and abuse.

K-12 SCOPE AND SEQUENCE

SEXUAL HARASSMENT	SEXUAL ABUSE	
	To develop an awareness of appropriate and inappropriate touch.	K-3
	To recognize how to respond to and report inappropriate touch.	4-6
To recognize sexual harassment issues and behaviors.	To understand sexual abuse as a personal, family, and societal problem.	7-8
To understand how an individual may feel, respond to, and change sexual harassment ideology and behavior.	To understand sexual abuse as a form of societal oppression.	9-12

Sex-based Exploitation

K-3

Student Outcomes	Vocabulary	Infusion
Sex-Role Stereotyping Objective: To understand that ideas and behavior may be gender based.		
The student will . . . Define how people are expected to behave because of gender Identify words or jobs that place people in categories according to gender List characteristics considered in our society to be male/female and recognize ways people can be anything they want to be; regardless of gender	male/female role expectations stereotype gender	At-risk students Career education Communication Global education Guidance Multicultural-nonsexist education
Sexual Abuse Objective: To develop an awareness of appropriate and inappropriate touch.		
The student will . . . Differentiate between forms of good and bad touch Share feelings associated with touching. Explain importance of telling someone when a "bad touch" takes place List abuse prevention strategies	body parts feelings good touch bad touch	At-risk students Career education Guidance Communication Multicultural-nonsexist education

Integration	Activities	Resources
Reading Social Studies History Mathematics	Discuss children's television programming. Discuss characteristics supposed to be appropriate for girls and for boys. How could these be changed? Discuss how the roles of mother and father have changed. What responsibilities in the family belong to both?	Bingham et al., 1984, <i>Choices: A Teen Woman's Journal for Self-Awareness and Personal Planning</i> Gordon, <i>Girls Are Girls and Boys Are Boys—So What's the Difference?</i>
Recess Social Studies Literature Guidance Language Arts	Role-play prevention strategies. Read books dealing with sexual abuse. Give puppet show on good and bad touch.	Krahl, <i>The Vulnerable Victim of Domestic Violence</i> Jensen et al., 1985-1986, <i>First STEPS: Strategies for Teaching Empowerment, Prevention, and Safety</i> Zedosky, 1986, <i>Child Abuse Prevention Curriculum: Kids Are for Loving</i> Family and Children's Council of Black Hawk County, <i>Take Charge of Your Body</i> Cooper et al., 1986, <i>Strategies for Free Children</i>

Sex-based Exploitation

4-6

Student Outcomes	Vocabulary	Infusion
Sex-Role Stereotyping Objective: To recognize how sex-role stereotyping affects individuals and what they do.		
The student will . . . Define and list examples of sex-role stereotyping List ways role expectations influence behavior and communication within families, interpersonal relationships, and occupations Examine the continuous historical changes in female/male roles that affect choices	role expectations sex-role stereotyping gender expectations occupations	At-risk students Career education Communication Global education Guidance Multicultural-nonsexist education Technology
Sexual Abuse Objective: To recognize how to respond to and report inappropriate touch.		
The student will . . . Differentiate between different forms of touch and feelings associated with different touches Explain importance of reporting if sexually abused Strategize responses to unwanted touch Present myths/facts regarding sexual abuse List prevention strategies to avoid sexual abuse Discuss victim blaming	victim blaming sexual abuse	At-risk students Career education Global education Guidance Multicultural-nonsexist education

Integration	Activities	Resources
Language Arts Reading Social Studies	Examine media for examples of gender stereotyping. List put-down terms that negatively reflect gender.	
Recess Social Studies Guidance Language Arts	List behaviors of others that make students feel afraid (bullying etc.). List own ways of making others afraid/uncomfortable (angry look, controlling touch, etc.). Discuss intervening when violation of feelings occurs.	Krahl, <i>The Vulnerable Victim of Domestic Violence</i> Zedosky, 1986, <i>Child Abuse Prevention Curriculum: Kids Are for Loving</i> Family and Children's Council of Black Hawk County, <i>Take Charge of Your Body</i> Cooper et al., 1983, <i>Strategies for Free Children</i>

Sex-based Exploitation

4-6

Student Outcomes	Vocabulary	Infusion
Sexual Abuse Objective (continued)		
The student will . . . Demonstrate critical viewing skills related to sex/violence presented in the media		

Integration	Activities	Resources
	Keep a log of television shows noting frequency of behaviors such as - violence - kindness - sex - crime - helpful deeds Discuss how one can select viewing and evaluate critically.	<i>Crary, Problem Solving Series:</i> <i>I Want It</i> <i>I Can't</i> <i>Mommy Don't Go</i> <i>My Name Is Not Dummy</i> <i>I Want to Play</i> <i>I'm Lost</i>

Sex-based Exploitation

7-8

Student Outcomes	Vocabulary	Infusion
Sex-Role Stereotyping Objective: To understand sex-role stereotyping as an impediment to growth, choice, and freedom.		
The student will . . . Identify the extent of sex-role conditioning in society Analyze how sex-role stereotyping, bias, and discrimination limit educational and career choices, opportunities, and achievement Recognize attitudes that stereotype people Practice behaviors that are free of sex discrimination Identify examples of sex-role stereotyping in the media	sex-role stereotyping gender role role conditioning institutional sexism sex discrimination androgeny	At-risk students Career education Communication Global education Guidance Technology
Sexual Harassment Objective: To recognize sexual harassment issues and behaviors.		
The student will . . . Define sexual harassment Identify behaviors that constitute sexual harassment List legal rights of victims of harassment Discuss options for dealing with sexual harassment Identify behaviors that make others feel uncomfortable based on gender	sexual harassment sex discrimination assertiveness personal rights gender	At-risk students Career education Communication Global education Guidance Technology

Integration	Activities	Resources
Home Economics Social Studies Language Arts Guidance PE	Provide list of personal traits and qualities (home-loving, independent, aggressive, organized, etc.). Have students identify first the qualities they possess, then identify the trait by gender (F or M). Calculate and discuss results.	
Family and Consumer Sciences Social Studies Performing Arts Literature History Psychology Mathematics Economics Career Education Guidance PE	Take survey. Role-play sexual harassment situations. Discuss scenarios of sexual harassment in the school. Case studies Journal writing	Wayman and Cooper, 1981, <i>Family Life Education. Teacher Training Manual</i> Simon et al., 1972, <i>Values Clarification</i> Bell, <i>Changing Bodies, Changing Lives</i> Kramer, 1985, <i>The Dynamics of Relationships: A Prevention Program for Teens</i>

Sex-based Exploitation

7-8

Student Outcomes	Vocabulary	Infusion
Sexual Harassment Objective (continued)		
The student will . . . Describe feelings in response to verbal, nonverbal, or physical harassment Identify behaviors to prevent sexual harassment		

Integration	Activities	Resources
	Role-play responses to sexual harassment. Count incidences of sex-role stereotyping in media examples. Use open-ended sentences that elicit feelings and attitudes on gender roles.	Friedan, 1963, <i>The Feminine Mystique</i> Bignell, 1982, <i>Sex Education: Teacher's Guide and Resource Manual</i> Bingham et al., 1984, <i>Choices: A Teen Woman's Journal for Self-Awareness and Personal Planning</i> _____, 1984, <i>Challenges: A Young Man's Journal for Self-Awareness and Personal Planning</i> RAPP: Relationship Abuse Prevention Project Loewen and Leigh, <i>Experimental Ideas for Teaching Gender Issues</i> Council on Interracial Books for Children, 1982, <i>Experimental Ideas for Teaching Gender Issues</i> Family Violence Curriculum Project, <i>Preventing Family Violence: A Curriculum for Adolescents</i> Network Publications, 1980, <i>Family Life Education, Curriculum Guide</i> Intermedia, <i>It Only Takes Once</i> Paramount Pictures, <i>How Can I Tell If I'm Really in Love?</i>

Sex-based Exploitation

7-8

Student Outcomes	Vocabulary	Infusion
Sexual Abuse Objective: To understand sexual abuse as a personal, family, and societal problem.		
The student will . . . Define and identify categories of sexual abuse Identify behaviors that constitute sexual abuse and strategies for preventing them Identify sexual abuse as an act of violence Explain the importance and methods of reporting sexual abuse Discuss methods of support for a friend who has been sexually abused List community resources and individuals to contact if sexually abused Identify when power and control are being used by another person Identify some strategies to prevent sexual abuse View critically sex/violence as presented in the media Discuss how words/language can control	sexual abuse coercion offender violence power control sexism racism ageism homophobia oppression	At-risk students Career education Global education

Integration	Activities	Resources
Family and Consumer Sciences Social Studies PE Guidance	Role-play strategies for dealing with sexual abuse. Small group discussions Invite a panel of experts who deal with abuse to visit the class. Invite an adult who was sexually abused as a child for a discussion.	Jensen et al., 1985-1986, <i>First STEPS: Strategies for Teaching Empowerment, Prevention, and Safety</i> Zedosky, 1986, <i>Child Abuse Prevention Curriculum: Kids Are for Loving</i> Family and Children's Council of Black Hawk County, <i>Take Charge of Your Body</i> Cooper et al., 1983, <i>Strategies for Free Children</i>

Sex-based Exploitation

9-12

Student Outcomes	Vocabulary	Infusion
Sex-Role Stereotyping Objective: To recognize how sex-role stereotyping may lead to personal and social discrimination, sex-based exploitation, and abuse.		
The student will . . . Define sexual identity and sexual orientation Formulate alternatives to limit the extent of sex-role conditioning Define and document examples of institutional sexism Analyze how sex-role expectation influences behavior and communication within families, occupations, and interpersonal relationships Identify examples of sexual stereotyping in the media Analyze how sex-role stereotyping, bias, and discrimination limit career choices, opportunity, and achievement Predict how gender expectations may contribute to sexual decision making and physical, sexual, and emotional abuse Recognize how language places gender limitations on people	sexual identity sexual orientation sex-role conditioning sexism institutional sexism sex-role expectations bias discrimination gender expectations abuse physical emotional sexual	At-risk students Career education Communication Global education Guidance Technology

Integration	Activities	Resources
Social Studies Performing Arts Literature History Psychology Mathematics Economics Career Education Guidance Home Economics	Small group discussion of relationships Share earliest memories of being treated differently because of gender. Use Broverman's short form characteristic scale from <i>Choices</i> . Attitudes and opinions: Where do they come from? <i>Choices</i> Attitudes: Will yours limit your opportunities or ensure your success? <i>Choices</i>	Wayman and Cooper, 1981, <i>Family Life Education. Teacher Training Manual</i> Simon et al., 1972, <i>Values Clarification</i> Bell, <i>Changing Bodies, Changing Lives</i> Kramer, 1985, <i>The Dynamics of Relationships. A Prevention Program for Teens</i> Friedan, 1963, <i>The Feminine Mystique</i> Bignell, 1982, <i>Sex Education: Teacher's Guide and Resource Manual</i> Bingham et al., 1984, <i>Choices: A Teen Woman's Journal for Self-Awareness and Personal Planning</i> ———, 1984, <i>Challenges: A Young Man's Journal for Self-Awareness and Personal Planning</i> <i>RAPP: Relationship Abuse Prevention Project</i> Loewen and Leigh, <i>Experimental Ideas for Teaching Gender Issues</i> Council on Interracial Books for Children, 1982, <i>Experimental Ideas for Teaching Gender Issues</i>

Sex-based Exploitation

9-12

Student Outcomes	Vocabulary	Infusion
Sex-Role Stereotyping Objective (continued)		
Sexual Harassment Objective: To understand how an individual may feel, respond to, and change sexual harassment ideology and behavior.		
The student will . . . Define sexual harassment Identify incidents and behaviors that constitute sexual harassment Verbalize options and responses for dealing with sexual harassment Describe feelings in response to verbal, nonverbal, or physical harassment	sexual harassment sex discrimination exploitation assertiveness power overt subtle innuendos off-color jokes proposition threats annoyances degrading suggestive conversations personal rights gestures rape/date rape	At-risk students Career education Communication Guidance Multicultural-nonsexist education

Integration	Activities	Resources
	Videotape current MTV or country music performances; have class analyze the words and visuals for stereotypes; use as a discussion tool.	Family Violence Curriculum Project, <i>Preventing Family Violence: A Curriculum for Adolescents</i> Network Publications, 1980, <i>Family Life Education, Curriculum Guide</i> Intermedia, <i>It Only Takes Once</i> Paramount Pictures, <i>How Can I Tell if I'm Really in Love?</i>
English Social Studies Home Economics Career Education Guidance Sociology	Role-play situations where harassment occurs. Role-play interventions when harassment occurs. Discuss scenarios of sexual harassment in the school setting. Examine case studies. Journal writing	BNA Communications, 1980, <i>Fair Employment Practice Training Program: Preventing Sexual Harassment</i> Victim Advocacy Program, 1982, <i>Sexual Harassment: Reasons and Remedies</i> New Hampshire Advisory Committee, <i>Sexual Harassment on the Job: A Guide for Employers</i> Omilian, 1986, <i>What Every Employer Should Be Doing about Sexual Harassment</i>

Sex-based Exploitation

9-12

Student Outcomes	Vocabulary	Infusion
Sexual Harassment Objective (continued)		
The student will . . . Analyze legal interpretations of sexual harassment incidents and rights of victims Explain sexual harassment policy of local school district as it applies to students and staff Practice nonharassing, nonexploitive behavior		
Sexual Abuse Objective: To understand sexual abuse as a form of societal oppression.		
The student will . . . Identify categories of sexual abuse and coercion Define sexual abuse and consequences for the perpetrator according to the Iowa Code (Section 232.67) Evaluate the pattern of controlling behaviors in sexual abuse Model support for sexually abused peers or acquaintances Evaluate and modify sexually abusive behavior Identify power and control issues Evaluate forms of oppression	sexual abuse coercion intimidation isolation male privilege oppression targeted groups controlling behavior racism sexism homophobia ageism victim blaming advocate	At-risk students Career education Global education

Integration	Activities	Resources
		BNA Communications, <i>Intent vs. Impact: A Sexual Harassment Prevention Training Program</i>
Home Economics Social Studies Guidance PE	Sentence completion Group discussions of ways to assist or intervene in an abuse case Discuss advocacy for the rights of individuals.	Krahl, <i>The Vulnerable Victim of Domestic Violence</i> Family Violence Curriculum Project, 1984, <i>Preventing Family Violence: A Curriculum for Adolescents</i> Levy, <i>Skills for Violence-Free Relationships: Curriculum for Young People Ages 13-18</i> RAPP: Relationship Abuse Prevention Project Agency for Instructional Technology, <i>The Power to Choose</i> Fortune, 1984, <i>Sexual Abuse Prevention: A Study for Teenagers</i>

Sex-based Exploitation

9-12

Student Outcomes	Vocabulary	Infusion
Sexual Abuse Objective (continued)		
The student will . . . Discuss victim-blaming process Evaluate causes of sexual abuse stemming from attitudes/beliefs that support hierarchical structures of power Evaluate sex and violence presentations in media Understand rights of individuals to live without fear of exploitation and assault		

Integration	Activities	Resources
		Bateman and Mahoney, 1986, <i>MACHO: Is That What I Really Want?</i> Adams and Fay, 1984, <i>Nobody Told Me It Was Rape</i> Stringer and Rants-Rodriguez, 1987, <i>So What's It to Me?</i> Fay and Flerchinger, 1982, <i>Top Secret Sexual Assault Information for Teenagers Only</i> Zedosky, 1986, <i>Child Abuse Prevention Curriculum: Kids Are for Loving</i> Cooper et al., 1983, <i>Strategies for Free Children</i> Domestic Abuse Intervention Project, "Power and Control Wheel" Dodds, <i>Human Sexuality: A Curriculum for Teens</i>

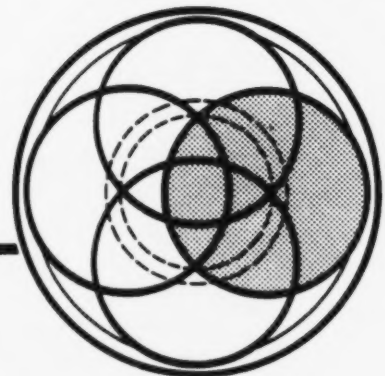
HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

Overview

- Rationale
- Content and Instruction
- Curriculum Organization
- Teacher Orientation
- Grade Cluster Introductions

Grade Cluster Objectives



HUMAN SEXUALITY

Rationale

Currently in the United States, federal and state governments are focusing on emerging challenges facing our society relating to health and sexuality. Understanding human sexuality is an on-going developmental process that begins before formal education and continues long after formal education ends. It is a balance of biological knowledge and psycho-social behaviors. The educational community's response to these challenges and the way in which they are integrated into the educational process can result in the following:

- greater opportunities for social, psychological, and emotional growth in children.
- improved quality of life
- stronger family structure
- occupational opportunities
- a society less likely to transmit diseases
- people with increased longevity and productivity
- crucial economic benefits

In his report to the people of the United States on AIDS, Surgeon General C. Everett Koop said, "those of us who are parents, educators, and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility." (*Surgeon General's Report on ACQUIRED IMMUNE DEFICIENCY SYNDROME*, p. 5)

For these reasons this curriculum strongly endorses comprehensive human sexuality education in all grade levels.

Content and Instruction

This comprehensive human sexuality curriculum encompasses:

- a self-responsible approach to emerging health
- biological information
- psycho-social information
- analysis of sex-related trends

- identification of issues and problems for the individual, the family, the community, the state, and the nation
- behavioral strategies and coping skills to promote the healthy sexual development of students

This material is best presented by educators who are both professionally prepared and personally comfortable with the content and methodologies included in the human sexuality curriculum. This guide is intended to assist the educator in attaining grade-level appropriate student-centered objectives. It is dependently comprehensive, yet independently applicable.

Curriculum Organization

The curriculum follows a biological-psycho-social topical approach. It recognizes the healthy balance of human reproductive and sexual systems. The biological objectives follow a scientific theme giving the student grade-level appropriate information in the areas of sexuality and reproduction, contraception, family planning, prenatal development, genetic causes of mental retardation and its prevention, childbirth, and the causes and methods of transmission of sexually transmitted diseases including Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

The psycho-social objectives are behavioral in focus, promoting positive self-esteem, responsible decision making, personal responsibility, interpersonal relationship sensitivity, and goal setting. This section examines the consequences of premarital adolescent sexual activity. It also promotes stress management techniques and behaviors leading away from stereotypical or abusive sexuality.

Each objective is followed by student outcomes, written to build upon previous experiences in human sexuality education. Each objective has suggested vocabulary and is followed by areas of possible infusion and integration, suggested activities, and resources.

Teacher Orientation

Teaching sexuality in the classroom is a challenge. Listed below are suggestions for the teacher.

Know individual students, interests, and needs. Although these words are often repeated, their importance cannot be overemphasized when dealing with human sexuality information. Cultural, subcultural, and learned influences affect the success of teaching. Impressions, myths, and peer pressures are not helpful or accurate and must be taken into consideration. The attitudes and behaviors of parents play a major role in a student's ability to be objective about sexuality. The needs and interests of students are often several years ahead of what most texts contain and many years ahead of what parents and community would like to admit.

Know yourself. Be able to deal with personal conditioning so as not to be taken aback by any sexual matter. This is not a luxury the sexuality educator can afford. Effectiveness with this subject matter will be tested and responses to sensitive issues will set the environment for future

discussions. Practice matter-of-fact communication skills so that students will learn appropriate communication behaviors.

Review terminology. Before ever entering the classroom be able to use anatomically correct language. The words penis, vagina, breasts, etc. should be as common to the teacher of human sexuality as senate, legislator, representative, etc. are to the teacher of government. Practice all sexual terminology out loud to other people before trying to use it with students. Try to overcome personal feelings as to what is naughty or nice. Students may try to shock with "street talk" as they respond to sensitive subject matter, but it is often their way of dealing with an uncomfortable situation. There may be times when explicit language needs to be used to convey an idea. This individual preference for language is a challenge for many people, but the skilled educator can overcome this barrier by using words advantageously; students will appreciate candor.

Analyze questions carefully. Students often ask questions concerning normality (Am I OK?), designed to test the teacher's shock absorbers, as well as to gain basic information. Answering questions openly and honestly with appropriate varieties of motivational "savvy" should satisfy the students' needs and encourage further questions. Open interchange basic to effective sexuality education can only be fostered in this way.

Avoid labels of normalcy. Normal or abnormal are value-loaded and emotionally charged terms. Students wonder if they are "normal." They wonder if others have the same kinds of thoughts or actions, thus making theirs "normal." Because of the difficulty in using these labels, the best advice concerning them is not to use them at all. This may seem unrealistic, but after researching what these words really mean one can conclude that elementary and secondary students may have difficulty with their implications. This curriculum has been careful to avoid these terms in its curricular objectives.

Grade Cluster Introductions

K-3

Ideally, the development of positive feelings of self-worth and human sexuality begins at birth. At the center of human self-worth is self-identity and a sense of belonging. An environment that nurtures the development of knowledge, attitudes, values, and skills that will enable children to develop healthy behaviors in early childhood is the heart of an effective curriculum. Providing young children with a firm foundation of facts relating to healthy living requires a child-centered curriculum that addresses age-appropriate information relating to anatomy, maleness/femaleness, living/nonliving things, life cycles, communicable/noncommunicable diseases, and sexual abuse. The students will begin to appreciate their relationship and responsibilities toward nature, families, and other individuals and to distinguish between appropriate and inappropriate sexuality.

4-6

Determining the specific concepts to be included in human sexuality education for grades 4 through 6 is an on-going process that requires objective assessment of student needs. These needs encompass emerging health- and sex-related trends and issues, and problems in the community, state, and nation. The educator must consider the time, talent, and resources available to provide instruction as well as the educational and social community's readiness for sexuality education in

elementary schools. These considerations have been addressed through this student-outcome-oriented curricular focus.

Because fourth through sixth grade students are receptive to information concerning their growth and development, these teaching tasks represent a formidable challenge to educators and administrators. The need for accurate, objective, nonsexist information is critical. Equality of responsibility for behavior, both female and male, is key. The reference to the reproductive/sexual systems addresses the essential physical/psycho-social balance needed in healthy sexual beings. It is important for students in these grades to develop the knowledge, attitudes, values, and skills that enable them to maintain positive healthy behaviors and/or to voluntarily alter unhealthy behaviors that may have been adopted at a relatively young age. Thus this material is designed to continue promoting the healthy sexual development of the child.

It is further designed for this age group to promote the primary prevention of such sexually related problems as sex abuse, early-age pregnancies, and to provide educational and referral assistance to those who have already experienced such problems.

7-8

Adolescents are confronted by major decisions about their own sexual behavior, attitudes, and values. These decisions can affect the course of their lives and are often made under conflicting social pressures. It is not easy for them to determine which sexual feelings and ideas are their own and which are derived from parental expectations, peer pressure, or mass media. Education in human sexuality is a constructive attempt to assist students in making personally satisfying and responsible decisions about their sexuality. While adolescents have the right to factual, objective information about sexuality, they also need opportunities to ask questions, explore feelings, and discuss concerns about emerging adult sexual identity.

The focus of this age-appropriate curriculum is on enabling students to demonstrate an awareness of human sexuality as a fact of life by means of learning activities channeled through biological and psycho-social goals. Concept acquisition and attitudinal growth are dependent on the use of questioning techniques that encourage group discussion and self-awareness, but since seventh and eighth grade students are strongly influenced by peers, discussion may not flow easily until rapport is established.

The teacher must recognize the need for nonsexist approaches to instruction, and activities related to the general topic of sexuality education. If young adolescents are to acquire a sense of personal control over sexual decisions, they must explore such outmoded images of masculinity and femininity as attitudes supporting the double standard for sexual behaviors, female responsibility for birth control, and the decision to give birth and raise a child. It is essential that male responsibility be included equally in the curriculum. A class of both females and males is most conducive to exploring the content of sexuality education and developing gender roles appropriate to current and future life-styles.

9-12

Since a firm foundation has been established in grades K-8 in human sexuality education, the focus of the 9-12 curriculum is reproduction and sexuality as it relates developmentally to middle and late adolescence. This curriculum identifies concepts to be incorporated into the general curriculum for grades 9-12.

The student outcomes follow both a biological and psycho-social progression, so that the individual can understand reproductive/sexual balance.

The resources and activities included can assist teachers in providing information vital to the students' health and well-being now and in adulthood.

HUMAN SEXUALITY

	BIOLOGICAL FOCUS
K-3	To acknowledge that all living things grow and reproduce. To gain a basic understanding of the human reproductive system. To recognize individual characteristics as part of being human from birth until death. To identify characteristics that are inherited. To become aware of life cycles of living things. To identify and categorize living things as either male or female. To identify diseases that make some people very sick.
4-6	To display ongoing healthy sexual development. To recognize that any time unprotected sexual intercourse occurs, a baby could be conceived. To know diseases that usually can be avoided by making behavioral choices.
7-8	To name and describe the functions of the human reproductive systems. To understand the factors of sexual development, including reproduction. To identify the factors that promote sexual wellness and prevent disease.
9-12	To name and identify anatomically the structure and functions of the human reproductive systems. To identify reproduction as a complex system of biological functions. To identify factors that promote sexual wellness and prevent disease. To know diseases that usually can be avoided by making behavioral choices.

K-12 SCOPE AND SEQUENCE

PSYCHO-SOCIAL FOCUS	
To identify life roles that are nonstereotypical. To demonstrate a caring attitude toward people with diseases.	K-3
To explain that roles in life may be chosen or assigned according to skills and preferences rather than by gender. To define family as people with common goals, providing structure and basis for life's values.	4-6
To make responsible decisions about sexual behavior. To understand the complex process of human development and its relationship to healthy behavior. To understand the consequences of responsible and irresponsible sexual behavior.	7-8
To develop an understanding of the relationship of reproductive/sexual balance and to apply it personally. To understand reproduction as a complex system of self-responsible healthy behavior. To identify and demonstrate self-responsible behavior that promotes sexual wellness and prevents disease.	9-12

Human Sexuality and Sexually Transmitted Diseases

K-3

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To acknowledge that all living things grow and reproduce.		
The student will ... Identify specimens as living, nonliving, plant, animal, human Observe and identify growth and reproduction in plants and animals Become aware that all living things reproduce Name animals that are hatched compared to those that are Chart needs of plants and animals in order to live and grow	The student will ... Detect the diversity and organization of nature Develop a concern and sense of responsibility while caring for plants and/or animals	living nonliving animal human nonhuman born hatch mammal nurse reproduce cell
Objective: To gain a basic understanding of the human reproductive system.		
The student will ... Use correct vocabulary describing body parts of both sexes Describe general structure and function of body systems	The student will ... Discuss in positive manner while feeling comfortable asking parent and teachers about sexuality Identify situations when talking about sex is appropriate	pregnant privacy ovum ovaries vagina uterus sperm penis testicles scrotum anus private public

Infusion	Integration	Activities	Resources
Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology	Science Social Studies	Sort objects in nature and display. Observe chicks hatching at hatchery or Science Center. Match baby animals to adults. Examples: chicks to hens and roosters; lambs to ewes and rams; infants to mothers and fathers. Chart pictures of living things under headings "Hatched" and "Born." Show videotape <i>All about You</i> and discuss.	Selsam, 1963, <i>All about Eggs</i> Selsam, 1963, <i>All Kinds of Babies</i> <i>All about You</i> (video-tape from Iowa Public Television available through local AEAs or IPBN)
Thinking skills Communication Gifted and talented Learning skills Multicultural-nonsexist education	Health Science	Draw around each child on butcher paper; have students place organs where they belong. Teach children song "Down in Front" from <i>Strong Kids, Safe Kids</i>. Tour boys' and girls' bathrooms, describing and explaining differences in fixtures. Call attention to bathroom being a private place.	<i>Strong Kids, Safe Kids</i>, (available at local library or video stores) Bennett, <i>Making Babies</i>

Human Sexuality and Sexually Transmitted Diseases

K-3

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued): To gain a basic understanding of the human reproductive system.		
The student will . . . Identify where babies come from and describe how they are born		
Objective: To recognize individual characteristics as part of being human from birth until death.		
The student will . . . Discriminate individual growth as being sequential and unique	The student will . . . Gain appreciation for individual differences	

Infusion	Integration	Activities	Resources
		Have pregnant mother visit class, talk about baby's movements. Let children listen to stethoscope. Share ultrasound if possible. Have students close eyes and pretend they are in mother's uterus waiting to be born. Dictate story to be written about feelings and expectations.	
Thinking skills At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology	Science Social Studies Health Art Language Arts	Students bring pictures of themselves as babies, toddlers, school age, etc. Display and use as basis for discussion. Make timeline with pictures of children at various ages, identifying physical and emotional changes. Invite a resource person who is handicapped to talk to children about unique strengths. Invite a group of retired persons or grandparents to share how they have changed as they grew older. Emphasize positive and negative aspects in both focus areas.	Zolatow, 1966, <i>Big Sister, Little Sister</i>

Human Sexuality and Sexually Transmitted Diseases

K-3

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To identify characteristics that are inherited.		
The student will ... Name characteristics that are inherited	The student will ... Appreciate characteristics unique to families	family adoption inherit characteristics
Objective: To become aware of life cycles of living things.		
The student will ... Describe life cycle (simplified) from conception until death	The student will ... Value self and others as worthwhile members of family and society Show concern for people of various age groups Identify roles and responsibilities of family members Develop awareness and acceptance of differences in family size and boundaries	grandmother grandfather mother father infant adult death adoption childhood male female life elderly

Infusion	Integration	Activities	Resources
Communication Thinking skills Learning skills	Social Studies Health Language Arts Art	Chart characteristics that match mother, father, grandparents, etc. Using small mirrors, have children identify their unique features.	Kendall/Hunt, <i>Basic Genetics, A Human Approach</i> (teacher resource)
	Social Studies Science Guidance Language Arts	Diagram life cycles of various forms of life. Demonstrate something learned from grandparents or older friends. Make shopping list of things needed for infants/young children/older children/adults and elderly. (Use catalog to choose.) Visit a nursing home, choosing elderly who are able to visit coherently with children. Ask them to describe their lives at different stages. Diagram different family structures by asking children to draw families. Add one or two sentences about each family and display.	Shook, 1986, <i>Why Did Grandpa Die?</i>

Human Sexuality and Sexually Transmitted Diseases

K-3

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives : To identify and categorize living things as either male or female. To identify life roles that are nonstereotypical .		
The student will ... Identify maleness and femaleness	The student will ... Recognize nonstereotyped gender roles	stereotyped nonstereotyped gender roles
Objectives: To identify diseases that make some people very sick. To demonstrate a caring attitude toward people with diseases.		
The student will ... Discriminate between communicable and noncommunicable diseases including Acquired Immunodeficiency Syndrome (AIDS) Identify germs as the cause of communicable disease Describe AIDS as a disease that causes some people to become very sick yet is not casually transmitted Recognize that scientists all over the world are working to stop people from getting AIDS and to cure those who have it	The student will ... Develop a feeling of comfort in talking about communicable diseases, including AIDS Identify ways to keep free of germs as much as possible Ask questions about communicable diseases, including AIDS, freely and without fear Identify scientists and health care providers as people who work to help children and adults	germs communicable noncommunicable disease immunization chicken pox flu casually mumps colds AIDS disease host antibodies virus

Infusion	Integration	Activities	Resources
At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsex- ist education Technology		Assign list of responsibilities to family members according to abilities rather than gender. Invite to class people who are in nontraditional sex roles and have them describe why they do what they do.	Anglund, 1960, <i>Love Is a Special Way of Feeling</i>
At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsex- ist education Technology Thinking skills	Social Studies Health Science Mathematics Language Arts	Show exchange of germs on hands by putting colored substance (lipstick) on one student's hands, student touches doorknob, second student touches doorknob; observe. Use colored liquid in spray bottle to show how some germs travel through air. Use Procter and Gamble handwashing kit to study transfer of germs. Have doctor or nurse visit to explain immunization. Use kit "Somebody Has AIDS" and activities described. Use activities from <i>Terry and the Dragon</i> .	Procter and Gamble handwashing kit (free) Iowa Dept. of Education, 1989, "Somebody Has AIDS" (free kit) U.S. Dept. of Health and Human Services, <i>Surgeon General's Report on AIDS</i> Creative Graphics, 1988, <i>Terry and the Dragon</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To display ongoing healthy sexual development.		
The student will ... Identify the structure and function of the male and female reproductive/sexual systems Use appropriate terms when discussing male and female reproductive systems Understand female and male changes occurring during puberty and the difference in their timing Understand masturbation and nocturnal emissions as natural sexual behaviors Understand the importance of sexual wellness as it applies to injury and assume responsibility for personal safety Understand that parents, teachers, nurses, counselors, and physicians are appropriate resources for information about developing sexuality and sexual health	The student will ... Review the concepts of maleness and femaleness as they apply to sexual roles Understand the emotional changes naturally occurring during puberty and adolescence Identify and understand developing sexual feelings and behaviors Understand autonomy, privacy, and independence in personal sexuality and sexual behaviors Understand and avoid sexual stereotyping	adolescence birth cervix circumcision climax (orgasm) clitoris coitus conception Cowper's glands puberty masturbation orgasm nocturnal emissions ejaculation embryo fetus erection fallopian tubes foreskin glans hymen labia mammary gland menstruation menopause ovary ovulation ovum penis placenta pregnancy scrotum semen seminal vesicle prostate gland sperm testes vulva umbilical cord urethra

Infusion	Integration	Activities	Resources
Learning skills Thinking skills Communication At-risk students Guidance Multicultural-nonsexist education Global education	Career education Science Health Language Arts Special Education First Aid	Have students brainstorm terms commonly heard for each organ in vocabulary. Caution: Allow for embarrassed laughter, etc. Use a timeline with drawings of bodies as they change from children to adults. Illustrate normal body changes by means of a stick-on dot to represent each year from 10 to 20. Use a matching test with medical terms for reproductive parts on one side and definitions on the other. Read story about adolescent who experiences masturbation or nocturnal emission. Use a diagram of the female and male reproductive systems to describe the function of each reproductive organ, properly named, as the students write those names on worksheets that are duplicates of the transparency.	Diagrams can be found in many of the books listed; enlarge as needed. Bell, 1980, <i>Changing Bodies, Changing Lives</i> Diagram Group, <i>Child's Body, A Parent's Manual</i> Riker and Riker, 1980, <i>Finding My Way</i> Madaras, 1986, <i>What's Happening to My Body?</i> Edge and Cumpston, 1989, <i>Project DECIDE</i> Copperman and Rhodes, <i>New Methods for Puberty Education</i> Spencer Community Schools, <i>Family Living Curriculum Guide K-6</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued): To display ongoing healthy sexual development.		
The student will ... Understand appropriate sexual behaviors Understand abusive sexual behaviors, unwanted touch, date rape, pornography, exposure, etc. and the necessity of reporting them Identify the appropriate persons and professionals to whom sexual abuse must be reported Understand that sexual abuse is an unhealthy behavior and not the fault of the victim	The student will ... Be aware of the benefits and/or risks of opposite- and same-sex experimentation at this developmental stage Understand the importance of opposite-sex friendships and compare them to dating relationships Understand how the community, society, and culture affect sexuality and sexual behavior Develop assertiveness skills toward inappropriate sexuality/sexual behaviors	vagina vas deferens uterus PMS (premenstrual syndrome) autonomy privacy independence male female athletic supporter (cup) athletic bra hygienic needs stereotyping referral

Infusion	Integration	Activities	Resources
		Use the four levels of a sexual relationship to help students understand the healthy progression of such relationships: 1. Friendship stage a. looking at a person of the opposite sex, b. walking and talking with that person 2. Dating stage a. holding hands, arm around the shoulder b. kiss (simple/quick, on a cheek), kiss on the lips c. kiss with embrace, kissing (passionate/French kissing) 3. Engagement stage a. Fondling breasts, cuddling (close embrace/plus above) b. Foreplay (fondling breasts/genitals) 4. Marriage stage a. Sexual intercourse (sexual penetration) Have students create a school newspaper to distribute to grades 4, 5, and 6. Include: a directory of people to go to for help with a relationship concern; stories about good touch/bad touch, whose fault sexual abuse is, how friends behave toward each other in social situations—same sex, opposite sex.	Severson, <i>Family Life Education within the Church</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To recognize that any time unprotected sexual intercourse occurs, a baby could be conceived.		
The student will . . . Begin to understand reproduction from conception to birth of a healthy baby Understand terminology that relates to diseases, dysfunctions, or disorders of the male/female reproductive/sexual system Understand the female menstrual cycle and how it relates to reproduction/pregnancy Be aware of the causes of unhealthy babies List methods that prevent conception Understand cessations in the progression from conception to birth Understand rights and responsibilities related to the use of birth control methods and/or professional birth control services	The student will . . . Understand the progression of intimacy from casual friendships through monogamous commitment Understand that abstinence from sexual intercourse is appropriate and healthy at this stage of development Understand risk-taking behaviors and the resulting injuries Identify behaviors that risk the health of expectant mothers or unborn babies Understand the consequences of risk-taking sexual behaviors	birth dilation cervix fetus gestation conception implantation monogamy serial monogamy dysfunction impotence sterility gonorrhea syphilis chlamydia pelvic inflammatory disease (PID) menstruation ovulation pregnancy genetics birth defects fetal alcohol syndrome substance use substance abuse sexual intercourse abstinence birth control condoms cervical cap rhythm withdrawal diaphragm intrauterine device (IUD) oral contraceptives sterilization foams jellies spermicides sponges

Infusion	Integration	Activities	Resources
Learning skills Global education Multicultural-nonsexist education At-risk students Special education Thinking skills Communication skills Guidance	Social Studies Health Science Mathematics Language Arts Home Economics Life Science Guidance	Use charts (duplicate and enlarge, or purchase from March of Dimes, etc.) to explain the prenatal development of a baby from conception to birth. Have pregnant mother or obstetrician visit class and share ultrasound pictures. Have students interview their mothers/grandmothers about myths they harbored about menstruation, and/or pregnancy; share these from a mythical story box and counter with factual information. Use diagram from Channing Bete, or similar pamphlet, on overhead projector to explain menstrual cycle; be simple or elaborate, as appropriate to class. Show film on consequences of cigarette smoking during pregnancy.	Local chapter of March of Dimes Iowa Birth Defects Institute, Department of Public Health Dept. of Pediatrics, Division of Medical Genetics, University of Iowa Hospitals and Clinics American Cancer Society, <i>Special Delivery</i> (film) Research Institute of Minneapolis and St. Paul, 1986, <i>Human Sexuality: Values and Choices</i> Channing Bete Publications, <i>Scriptographic Booklets</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued): To recognize that any time unprotected sexual intercourse occurs, a baby could be conceived.		
		experimentation miscarriage stillbirth abortion termination cessation spontaneous induced autonomy family planning sexually transmitted disease (STD)
Objective: To explain that roles in life may be chosen or assigned according to skills and preferences rather than by gender.		
The student will . . . Develop skills that promote a positive self-image as physical and hormonal changes occur during puberty	The student will . . . Develop and maintain positive perceptions/images of the pre-pubescent body Understand and avoid sexual stereotyping	self-concept body image glands endocrine hormone unprotected sports activities self-experimentation stereotyping

Infusion	Integration	Activities	Resources
		Discuss various forms of contraception in categories (e.g., barrier, hormonal change, spermicide, etc.); discuss times of life when birth control is used. Answer questions about objectives factually; avoid the personal. Compile a story about a couple who does not want another baby until their first child is four years old; brainstorm a list of what the couple must decide in order to reach that goal; stress that any decision on contraception involves both parties.	
Multicultural-nonsexist education At-risk students Special education Communication skills	Health Science Language Arts Guidance	Brainstorm changes that happen to girls and boys at puberty. Demonstrate that many changes are common to both sexes. Divide into small groups; list ways male and female are alike; list differences; compile master lists in large group; observe difference in lengths of the two lists.	

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To define family as people with common goals, providing structure and basis for life's values.		
The student will ... Develop an awareness of the social, educational, and economic consequences of teenage pregnancy	The student will ... Understand the extent and nature of commitment involved in parenting Understand that human sexuality is a developing process that exists from birth to death Understand familial roles and their importance to family health Recognize the family as a support system in which values are learned Explore the variety of life-styles and family systems chosen by adults	family nuclear extended blended singl-parent dual-income adopted adoption

Infusion	Integration	Activities	Resources
Learning skills Thinking skills At-risk students Multicultural-nonsexist education Global education Career education	Social Studies Language Arts Mathematics Special Education	Brainstorm "What if" situation: What if student, age 14, was pregnant? Divide class into triads. Have them list (a) things they would have to do; (b) things they would no longer be able to do; (c) things for which they would need money; and (d) choices they would have about the pregnancy. Return to large group and compile list to discuss. Invite a teenage mother to visit with students about her new responsibilities, interrupted goals, etc. Show film such as <i>Pete, Shelly, and Carol</i> or <i>Teenage Father</i>, and discuss the consequences of teen pregnancy. Have students list 5-6 things their family enjoys doing together. Then place identifying symbols by each activity (* for those done out of doors, \$ for those costing money, etc.). Have them add the symbols and write a single statement that says, "My family values. . ."	State Library of Iowa Planned Parenthood AEA media centers Edge and Cumpston, 1989, <i>Project DECIDE</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued): To define family as people with common goals, providing structure and basis for life's values.		
Objective: To know diseases that usually can be avoided by making behavioral choices.		
The student will ... Compare and contrast the concepts of HIV positive and symptomatic AIDS Match acronyms HIV, ARC, AIDS, PWA with the correct terms Identify sexual intercourse with an infected person as high-risk behavior for contracting STDs, including AIDS Identify causes of communicable diseases as viruses or bacteria	The student will ... Recognize peers and families as important support systems during times of crisis (including a family member with AIDS)	symptomatic nonsymptomatic human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS) AIDS-related complex (ARC) person with AIDS (PWA) peers siblings

Infusion	Integration	Activities	Resources
		Have students write about themselves twenty years in the future. Assuming they are a mother or father, describe their families. Turn in writings; type to disguise handwriting; pass out at random; read aloud. Students can guess at authors. Use as a springboard to list ideas of what makes a family.	
Communication Thinking skills Learning skills Special education Global education Multicultural-nonsexist education	Science Health Social Studies Language Arts Guidance Art Drama	If a person with HIV/AIDS resides in the community, ask him/her to act as a resource speaker, explaining to the class the concepts of HIV positive and symptomatic AIDS. Show videotape <i>A is for AIDS</i> and discuss. Use activities from <i>Let's Talk about AIDS</i> . Show videotape such as Ryan White's story, <i>I Have AIDS</i> ; discuss.	Iowa AIDS Coalitions Wilson and Gregg, <i>Friends for Life</i> Altschul Group, <i>A is for Aids</i> (videotape) Channing Bete, <i>Let's Talk about AIDS</i> (activity booklet) New York State Dept. of Education, <i>Health AIDS Instructional Guide, Grades K-12</i>

Human Sexuality and Sexually Transmitted Diseases

4-6

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued) : To know diseases that usually can be avoided by making behavioral choices.		

Infusion	Integration	Activities	Resources
		Begin a study of acronyms by brainstorming those most familiar to students (M*A*S*H, GI, VCR, etc.). Explain how acronyms are derived and used. Lead to including AIDS, PWA, ARC, HIV, etc. Follow with complete explanations. Create an AIDS myth activity by having students brainstorm things they have heard about AIDS. Pass out an activity sheet in the form of true/false test. Correct in a group setting to allow for discussion. Draw stick figures of people identifying how the AIDS virus gets into the body through sex by labeling mouth, blood, vagina, penis, semen, cuts in skin, etc. Copy a story about a child with AIDS onto colored flash cards (one color for each character). Then have volunteer students read the characters' parts. Discuss the misconceptions vs. the facts concerning AIDS transmission.	ETR Associates, 1988, <i>Into Adolescence: Learning about AIDS</i> Children's Television Workshop, <i>I Have AIDS</i> (videotape)

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To name and describe the functions of the human reproductive systems. To make responsible decisions about sexual behavior.		
The student will ... Identify the structures and functions of the female and male reproductive systems	The student will ... Make responsible decisions about personal sexual behavior Analyze the impact of the media on sexual behavior Compare consequences of responsible sexual behavior with those of irresponsible behavior Be aware of the risks of adolescent pregnancy and parenting Recognize stages of sexual affection in developing a mature relationship (touching, kissing, petting, intercourse)	hymen scrotum labia semen cervix lesbianism seminal vesicle circumcision mammary gland sperm clitoris testes coitus menopause conception menstruation miscarriage umbilical cord navel urethra ejaculation nocturnal emission uterus embryo orgasm vagina erection ovary vas deferens ovulation fallopian tubes ovum fetus penis vulva foreskin placenta gestation pregnancy

Infusion	Integration	Activities	Resources
At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills	Home Economics Health Guidance Life Science Special Education	Choose experiences that will assist verbal and practical skills in anatomy and terminology. Examples: "Naming the Parts" or "What's in the Bag?" (Spiral) Choose experiences that will assist in developing assertiveness skills and an understanding of appropriate sexual behaviors. Examples: The touching continuum, How to say no—or yes, Rewrite the story. Using the overhead projector with accompanying student handouts, explain diagrams of the male and female reproductive systems; describe the function and the relationship of male and female organs as students make notations on their handouts. Use changeable body flip charts to explain sexual development and reproduction.	Spiral Educational Resources, <i>Taught Not Caught: Self-Esteem in Sex Education</i> Severson, <i>Family Life Education within the Church</i> Planned Parenthood of Minnesota (Ford Parkway, St. Paul, MN), Body charts

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To understand the factors of sexual development, including reproduction. To understand the complex process of human development and its relationship to healthy behavior.		
The student will . . . Recognize the variation in typical sexual development, addressing the question "Am I normal?"	The student will . . . Develop a positive sexual self-concept Clarify personal values about sexuality Recognize the sources of confidential sexual information and community services: where to go for help, hot lines, individuals Define mature sexual relationship and responsible love	hormone hymen scrotum labia semen lesbianism circumcision mammary gland sexual intercourse sperm clitoris masturbation testes coitus conception contract navel ejaculation nocturnal emission uterus orgasm vagina erection ovary ovulation venereal disease fallopian tubes ovum virgin penis foreskin glans puberty

Infusion	Integration	Activities	Resources
At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills	Home Economics Health Guidance Life Science PE Music Mathematics Drama Language Arts Social Studies	Choose experiences that will assist the student in the discovery of the natural variations in human growth and development. Examples: "What's Happening to Me?" "Am I Normal?" "Dear Diary," <i>Human Growth IV</i>. Choose experiences that will assist the student in developing a positive sexual self-concept, such as "My Body" or Body Image Inventory. Using the overhead projector with accompanying student hand-outs, explain diagrams of the reproductive systems; describe functions and relationships.	Films and videos available through community health agencies: departments of public health, AEA media centers, Planned Parenthood media centers, March of Dimes Spiral Educational Resources, <i>Taught Not Caught: Self-Esteem in Sex Education</i> Bell, 1980, <i>Changing Bodies, Changing Lives</i> Madaras, <i>What's Happening to My Body?</i>

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To understand the factors of sexual development, including reproduction. To understand the complex process of human development and its relationship to healthy behavior.		
The student will . . . Describe basic sexual hereditary characteristics (genetic links) Understand fetal development from conception to birth as a result of sexual intercourse	The student will . . . Make responsible decisions about personal sexual behavior Analyze the impact of the media on sexual behavior Compare consequences of responsible sexual behavior to those of irresponsible behavior Be aware of the risks of adolescent pregnancy and parenting	birth birth control cervix seminal vesicle climax testes menstruation conception control miscarriage umbilical cord contraceptive ejaculation embryo vas deferens

Infusion	Integration	Activities	Resources
	Home Economics Health Guidance Life Science PE Music	Choose experiences that key in on the relationship of genetics to human growth and development. Examples: <i>Human Growth IV</i>, <i>Generation to Generation</i> (AEA, Planned Parenthood), <i>The Same Inside</i>, <i>Healthier Babies: The Genetic Era</i> (March of Dimes). Guest speakers Choose activities that will aid in understanding fetal development from conception to birth, relating sexual intercourse to conception addressing major events of embryonic development. Use activities, films, and videos that examine the consequences of sexual activity, such as <i>He's No Hero</i>, <i>Teen Father</i>, <i>Human Growth IV</i> (Planned Parenthood).	Birth Defects Institute Staff, Iowa Dept. of Public Health Division of Medical Genetics Staff, Univ. of Iowa Films and videos available through AEA media centers, public health departments, Planned Parenthood media centers, March of Dimes Planned Parenthood of N. New England, <i>K-12 Family Life Education Curriculum</i> ISU Press, <i>Sexuality and the Adolescent</i> Films and videos available from community agencies, including <i>He's No Hero</i>, <i>Teen Father</i>, <i>Human Growth IV</i>

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To understand the factors of sexual development, including reproduction. To understand the complex process of human development and its relationship to healthy behavior.		
The student will . . . Describe ways to avoid adolescent pregnancy and parenting (abstinence and contraceptive methods)	The student will . . . Practice refusal and acceptance skills with regard to sexual behavior (learning to say NO!) Be aware of the risks of adolescent pregnancy and parenting Recognize stages of sexual affection in developing a mature relationship (touching, kissing, petting, intercourse) Identify the names, symptoms, prevention, and treatment of the common STDs (including HIV) Identify common factors contributing to birth defects or low birth weight and premature births	fetus vulva placenta gestation pregnancy abortion prostitution petting

Infusion	Integration	Activities	Resources
		Divide class into 9 groups, each representing a month of pregnancy; each group researches and reports on the growth of the embryo of that month using supportive evidence via transparencies, models, drawings, etc. Choose activities that allow for accurate understanding of avoiding pregnancy. Examples: "A Woman Cannot Get Pregnant If . . .," "Drugs, Alcohol, and Sex," "Using the Contraceptive Kit," "Myths and Facts Sheet." (Spiral) Choose activities that allow for exploration of personal values. (Severson) Choose activities that allow realization of the relationship of sexual activity and disease. Examples: "Swept Away is not OK" and <i>The Birth Control Movie</i>. (Planned Parenthood)	ISU Press, <i>Sexuality and the Adolescent</i> Spiral Educational Resources, <i>Taught Not Caught</i> Planned Parenthood of N. New England, <i>K-12 Family Life Education Curriculum</i> Severson, <i>Family Life Education within the Church</i> Films and videos available through community agencies: public health departments, AEA media center, Planned Parenthood media Project Respect, 1986, <i>Sex Respect, The Options of True Sexual Freedom</i> Project Respect, <i>Wait: Save Yourself . . . You'll Be Glad You Did</i>

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To understand the factors of sexual development, including reproduction. To understand the complex process of human development and its relationship to healthy behavior.		
The student will ... Identify the names, symptoms, prevention, and treatment of the common STDs (including HIV/AIDS)	The student will ... Practice refusal and acceptance skills with regard to sexual behavior (learning to say "NO!") Describe the influence of peers on making both negative or positive sexual decisions Compare consequences of responsible sexual behaviors to irresponsible behaviors Be aware of the risks of adolescent pregnancy and parenting Recognize the sources of confidential sexual information and community services, including where to go for help, hot lines, individuals	transsexual transvestite making out HIV/AIDS syphilis scabies genital herpes gonorrhea chancroid chlamydia immunodeficiency asymptomatic carrier condom contraceptive

Infusion	Integration	Activities	Resources
		Guest speakers to discuss sexual activity and its relationship to disease Choose experiences to facilitate learning the causes, symptoms, treatments available, and correct terminology associated with sexually transmitted diseases. Examples: "Getting it Together," STD Multiple Choice Questionnaire (Spiral), or <i>AIDS Resource Manual for Educators</i> (DE/DPH). Choose activities to help examine values affecting behaviors that result in transmitting sexual infections, such as "Chain Reaction—The Story" (Spiral). Guest speakers	Spiral Educational Resources, <i>Taught Not Caught</i> Iowa Department of Education AIDS consultant Iowa Department of Public Health Iowa AIDS Coalitions

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To identify the factors that promote sexual wellness and prevent disease. To understand the consequences of responsible and irresponsible sexual behavior.		
The student will ... Identify means of transmitting STDs	The student will ... Describe the influence of peers on making both negative or positive sexual decisions Compare consequences of responsible sexual behaviors to irresponsible behaviors Recognize stages of sexual affection in developing a mature relationship (touching, kissing, petting, intercourse)	venereal disease fallopian tubes ovum virgin penis vulva glans prostitution homosexuality puberty vaginal intercourse anal intercourse oral intercourse deep kissing French kissing semen lesbianism clitoris masturbation coitus conception control

Infusion	Integration	Activities	Resources
At-risk students Career education Communication Gifted and talented Global education Guidance Learning skills Multicultural-nonsexist education Technology Thinking skills	Home Economics Health Guidance Life Science Mathematics PE Social Studies	Use speakers with appropriate slide or video presentations and statistics for age group. Prepare sheet for students with column headings of facts, feelings, treatment; show film that describes STDs; students record findings and reactions to the film; discuss in dyads. Show film that describes STDs and their implications; instruct students to identify feelings, facts, symptoms, and treatment. Brainstorm reasons for abstinence and reasons for casual sexual relations; lead students to evaluation based on consequences.	Community resources, including hospitals or public health departments Iowa AIDS Coalitions Planned Parenthood

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To identify the factors that promote sexual wellness and prevent disease. To understand the consequences of responsible and irresponsible sexual behavior.		
The student will . . . Identify factors related to maintaining sexual wellness (pelvic exams, breast exams, self testicular exams [STEs], jock straps, and bras)	The student will . . . Make responsible decisions about personal sexual behavior Compare consequences of responsible sexual behaviors to irresponsible behaviors Be aware of the risks of adolescent pregnancy and parenting Identify the names, symptoms, prevention, and treatment of the common STDs (including HIV/AIDS)	bacteria virus air borne fluid borne testicular cancer breast cancer cervical cancer PAP tests menopause

Infusion	Integration	Activities	Resources
		Choose activities applicable to the life-styles of 7th and 8th graders in the area of sexual wellness, using films and videos. Choose experiences that examine behaviors and consequences of sexual activity, such as "Safe Sex" (Spiral) or the "String Exercise" (DE AIDS consultant). Prepare grid that has blank spaces to complete to identify symptoms, causes, treatments, and effects of the most common sexually transmitted diseases. Study a comparison of bacteria, viruses, fungi, etc., as causes of sexually transmitted diseases and how the various causes influence treatments and effects. Invite school or public health nurse to discuss sexual health habits. Use "Sneaky Sam and the Greedy Cells" exercise.	American Cancer Society, "Self Testicular Exam" American Cancer Society, "Self Breast Exam" Planned Parenthood media centers, public health, AEA media centers, <i>What's Happening to Me?</i> Spiral Educational Resources, <i>Taught Not Caught</i> AIDS consultant, Department of Education <i>Family Life Educator</i>, Fall, 1987

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To identify the factors that promote sexual wellness and prevent disease. To understand the consequences of responsible and irresponsible sexual behavior.		
The student will ... Become aware of the range of sexual/affectional orientations and related sexual practices Recognize the importance of prenatal medical care to the birth of a healthy baby and the welfare of the mother	The student will ... Develop a positive sexual self-concept Clarify personal values about sexuality Explore the difference between mature love, infatuation, and/or attraction Be aware of the risks of adolescent pregnancy and parenting Recognize the sources of confidential sexual information and community services. ("Where do I go for help?" hot lines, people, etc.)	masochism exhibitionism transsexual transvestite abortion hormone birth cervix mammary gland miscarriage umbilical cord uterus embryo vagina fetus placenta AIDS

Infusion	Integration	Activities	Resources
		Choose activities that address various sexual orientations and practices in the world today, such as "Values Frames" (Spiral). Choose activities that explore personal values about sexuality. View videotape <i>Love, Sex, and Infatuation</i>. Use activities from <i>Family Life Educator</i> on love and relationships Choose activities that promote self-responsible prenatal health, such as <i>Gentle Birth</i>. Select activities that will identify sources of information/counseling about adolescent pregnancy. Prenatal charts "Can You Handle It?" (Spiral)	Spiral Educational Resources, <i>Taught Not Caught</i> Ray Short, <i>Love, Sex and Infatuation</i> (videotape) <i>Family Life Educator</i>, Winter 1989 AEA media, <i>Gentle Birth</i> March of Dimes, "Inside My Mom" ____, "Your Healthy Baby"

Human Sexuality and Sexually Transmitted Diseases

7-8

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives (continued): To identify the factors that promote sexual wellness and prevent disease. To understand the consequences of responsible and irresponsible sexual behavior.		
The student will . . . Identify common behaviors contributing to birth defects or low birth weight and premature births	The student will . . . Be aware of the risks of adolescent pregnancy and parenting	gestation nutrition drugs alcohol

Infusion	Integration	Activities	Resources
		Choose experiences that identify types, causes, and prevention of high-risk babies. Use "STD Risk Scale." Guest speakers Assign students research projects on various sexually shared infections and their relationship to birth defects, e.g., herpes, AIDS/HIV	American Cancer Society Genetic counseling resources STDs resources Iowa AIDS Coalitions Krames Communications Ia. Dept of Health, Div. of Vital Statistics and Birth Defects Centers for Disease Control (Atlanta, Ga.), <i>Weekly Surveillance Report</i>

Human Sexuality and Sexually Transmitted Diseases

9-12

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To name and identify anatomically the structure and functions of the human reproductive systems. To develop an understanding of the relationship of reproductive/sexual balance and to apply it personally.		
The student will ... Demonstrate knowledge of the relationship and function of the male/female reproductive/sexual systems	The student will ... Express comfortable positive attitudes about personal sexuality	birth birth control cervix circumcision climax coitus conception conception control contraceptive ejaculation embryo erection fallopian tubes fetus foreskin gestation glans hormone hymen labia mammary gland masturbation menstruation miscarriage navel orgasm puberty urethra sexual intercourse umbelical cord uterus vagina placenta virgin vulva clitoris ovary ovulation pregnancy vas deferens nocturnal emmision scrotum penis seman sperm testes seminal vesicle

Infusion	Integration	Activities	Resources
At-risk students Communication Gifted and talented Guidance Learning skills	Biology Health Child Development Parenting Skills Life Sciences	Class demonstrations of anatomically correct models, physical structure word scramble, identification structure and function worksheet Create a sound video that represents students' attitudes and understandings of actual sexual development by using original dramas and clips from sitcoms and other TV shows.	ISU, Home Economics, <i>Contemporary Parenting Choices</i> , Module 2 Scott, Forsman, <i>Human Sexuality, A Responsible Approach</i>

Human Sexuality and Sexually Transmitted Diseases

9-12

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To identify reproduction as a complex system of biological functions. To understand reproduction as a complex system of self-responsible healthy behavior.		
The student will ... Describe human reproduction including genetic factors and healthy prenatal environment Discuss methods of contraception, including abstinence	The student will ... Discuss behaviors that contribute to the outcome of a healthy pregnancy Discuss options available to pregnant teenagers Locate centers that provide prompt medical care and counseling to individuals who believe they may be pregnant Discuss the psycho-social and legal ramifications of unplanned or undesired pregnancies of single teenagers Discuss the psycho-social ramifications of planned pregnancies of single teenagers Locate centers that provide contraceptive counseling and services	chromosomes genes autosomal dominant autosomal recessive x-linked dominant x-linked recessive prenatal environment pregnancy birth control contraception condoms IUD oral contraception sponge diaphragm sterilization

Infusion	Integration	Activities	Resources
At-risk students Communication Guidance Learning skills Thinking skills	Biology Health Child Development Parenting Skills Life Science	Text activities <i>Healthier Babies</i> videotapes followed by student discussion from written follow- up questions List 5 components of intimacy development on chalkboard: choice mutuality reciprocity trust delight Ask students to list on separate sheet of paper words or a phrase that they asso- ciate with each com- ponent.	Kendall/Hunt, <i>Basic Genetics, A Human Approach</i> March of Dimes, <i>Healthier Babies</i> Univ. of Wisconsin Telecommunication Services, <i>One for My Baby</i> ISU, Home Economics, <i>Contemporary Parenting Choices</i> Project Respect, 1986, <i>Sex Respect: The Options of True Sexual Freedom</i> Project Respect, Wait: <i>Save Yourself . . . You'll Be Glad You Did</i>

Human Sexuality and Sexually Transmitted Diseases

9-12

Biological Focus	Psycho-Social Focus	Vocabulary
Objectives: To identify factors that promote sexual wellness and prevent disease. To identify and demonstrate self-responsible behavior that promotes sexual wellness and prevents disease.		
The student will ... Discuss the wide range of sexual expression Make responsible decisions about personal sexual behavior	The student will ... Compare and contrast desirable and undesirable sexual experiences Clarify personal values about sexuality Discuss avoidance of undesired sexual experiences such as rape, date rape, and incest Discuss factors that influence undesirable sexual experience Locate centers that provide services to victims, perpetrators of rape, incest, or other undesirable sexual experiences Explore the differences between mature love and infatuation Discuss sexual behavior with a potential partner Analyze the impact of the media and peer pressure on sexual behavior Identify the consequences of casual sexual encounters, including undesired pregnancy and sexually transmitted diseases	rape incest heterosexuality homosexuality bisexuality the touch progression holding hands hugging kissing petting pregnancy birth control contraception abstinence abortion

Infusion	Integration	Activities	Resources
At-risk students Communication Guidance Learning skills Technology	Home Economics Health Social Studies Science Language Arts School Newspaper	Comprehensive choice of learning activities "Choices or Chances" board game Interview students for school newspaper article on how they differentiate between love and infatuation. Have students bring in television clips on how media influences sexual behavior; analyze impact.	ISU, Home Economics, <i>Contemporary Parenting Choices</i> California YWCA, "Choices or Chances"

Human Sexuality and Sexually Transmitted Diseases

9-12

Biological Focus	Psycho-Social Focus	Vocabulary
Objective: To know diseases that usually can be avoided by making behavioral choices.		
The student will . . . Recognize the biological sexual drive is natural in adolescents Identify ways adolescents can cope with normal sexual drives that do not put them at risk for STDs and/HIV infection Summarize methods of transmission of STDs and the human immunodeficiency virus (HIV) Summarize the biological knowledge of STDs andHIV/AIDS Contrast factual information with commonly held myths about STDs and HIV/AIDS Identify the risks, consequences, and preventative methods of STDs and HIV/AIDS Diagram a comparison of the human immunodeficiency virus with chicken pox and cold viruses List the physical prognoses of HIV infection Describe the relationship between drug usage and the dangers of contracting HIV/AIDS	The student will . . . Discuss risks based on decisions vs. risks based on impulse Recognize that abstinence from sexual intercourse and drug use can nearly eradicate the risk of STDs/HIV/AIDS transmission Identify STDs and HIV/AIDS as behaviorally caused conditions Personalize the psychological trauma connected with the AIDS epidemic Recognize the financial expense of alleviating symptoms of AIDS Become comfortable about discussing STDs andHIV/AIDS with others Make decisions based on information about personal risks for HIV infection Discuss the psycho/social and legal ramifications of developing or transmitting AIDS and other STDs Locate centers for confidential testing, counseling, and treatment for AIDS and other STDs	immunodeficiency acquired syndrome virus impulse premeditated adolescent abstinence eradicate contract transmission psychological trauma AZT dementia herpes prognosis hepatitis pneumocystis carinii pneumonia (PCP) Kaposi's sarcoma (KS) myth contrast AIDS sexually transmitted disease syphilis gonorrhea genital herpes chlamydia venereal warts HIV/AIDS infection antibody test communicable disease PWA (person with AIDS) oral intercourse vaginal intercourse anal intercourse virus fluid borne asymptomatic carrier

Infusion	Integration	Activities	Resources
Communication skills Thinking skills Guidance Talented and gifted Global education Multicultural-nonsexist education At-risk students	Health Biology Science Family Living Art Library Skills Special Education	Show factual videotape with accompanying worksheet to be filled in after viewing and discussion. Have small groups illustrate the cycle of infection of each disease, pointing out ways the cycle can be broken in other viral diseases. Invite HIV-positive guest speaker. Assign research project on epidemics. Show videotape of lecturer responding to alternate ways of dealing with sexual feelings. Have students write diaries from viewpoint of mother, son, boyfriend, sister of person with AIDS. Create crossword puzzles with emotions as clues. Have students read life stories of persons with AIDS and give oral reports to class. Select from listed booklets.	American Red Cross, <i>Beyond the Fear of AIDS</i> (videotape) American Association of School Boards, <i>Breaking the Chain of Infection</i> Local Iowa AIDS Coalition <i>Short, Love, Sex, or Infatuation</i> (videotape) Mondale Productions, <i>Sol Gordon's A Test of Love or Sex, a Topic for Conversation</i> American Red Cross, <i>AIDS Prevention Program for You</i> Peabody, <i>Screaming Room</i> Shilts, <i>And the Band Played On</i> Krames Communications, 1986, STD booklets Indiana University, <i>STD: A Guide for Today's Young Adults</i> AEAs Planned Parenthood

Human Sexuality and Sexually Transmitted Diseases

9-12

Biological Focus	Psycho-Social Focus	Vocabulary
Objective (continued): To know diseases that usually can be avoided by making behavioral choices.		
		antibody antigen immunity carrier epidemiology symptoms casual contact incubation period oral sex oral-anal sex oral-genital sex recipient intravenous hemophilia homosexual heterosexual illicit drugs immune system helper cells body fluids HIV dementia lymphodenopathy monogamy noncommunicable disease opportunistic disease

Infusion	Integration	Activities	Resources
		Develop a list of questions for guest speakers; send to speaker ahead of time. Class discussions AIDS concentration card game (AASA) Films and videos, with discussion Research and develop a personal resource card listing area agencies that counsel adolescents about sexuality. Community Involvement Planning Matrix (IDPH) Have small groups create teaching tools about AIDS for special education classes, junior high and elementary classes, or parent groups. Assign a class committee to compose a personal contract about safe sexual behavior for students to read, make decisions about, and sign. Become part of a community planning committee to prevent the future spread of AIDS	Iowa Department of Public Health American Association of School Administrators U.S. Department of Education, <i>AIDS and the Education of Our Children</i> Red Cross Michigan Department of Public Health, <i>Curriculum Recommendations on AIDS for Michigan Students</i>

HUMAN GROWTH AND DEVELOPMENT

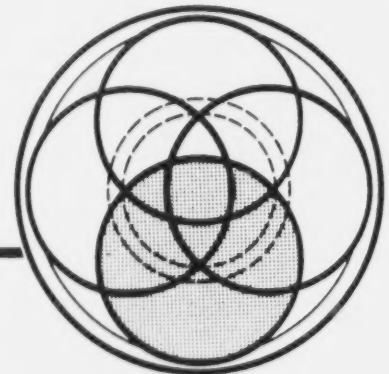
PREVENTION/ INTERVENTION

Prevention

- AIDS Prevention Education
- Dropouts
- Substance Abuse
- Adolescent Pregnancy
- Birth Defects, Mental Retardation, and
Other Developmental Disabilities
- Suicide

Intervention

- Strategies
- School Implementation to Encourage
Early Intervention
- At-Risk Statistics
- Effective School Substance Abuse
Prevention and Intervention Programs



PREVENTION AND INTERVENTION

Overview

Current estimates suggest that three out of ten students in Iowa classrooms suffer from some form of emotional or mental-health difficulties. These difficulties can surface in many ways, appearing through the avenues of substance abuse, sexual promiscuity and adolescent pregnancy, preventable mental retardation, dropping out of school, or attempted suicide. The ramifications are costly and long-lasting.

Students at risk of following a destructive path deserve our attention. Studies of effective schools emphasize the importance of the social climate within the school, realistically high academic expectations, and holistic career planning. Research studies currently stress the developmental as well as the cognitive needs of children and youth. Strong support for all children and youth is essential. A comprehensive K-12 support services program needs to be designed and implemented in all districts. The Iowa Department of Education has defined "at-risk" students and has established provisions for serving those students.

AT-RISK STUDENTS. Any student identified who is at risk of not meeting the goals of the educational program established by the district, completing a high school education, or becoming a productive worker. These students may include, but are not limited to: dropouts, potential dropouts, teenage parents, substance users and abusers, low academic achievers, abused and homeless children, youth offenders, economically deprived, minorities, culturally deprived, culturally different, those with sudden negative changes in performance due to environmental or physical trauma, and those with language barriers, gender barriers, and disabilities.

4.5 (13) PROVISIONS FOR AT-RISK STUDENTS. The board shall have a program to identify and provide special assistance to students who have difficulty mastering the language, academic, cultural, and social skills necessary to reach the educational levels of which they are capable. The program shall serve any student whose aspirations and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

The program shall include strategies for identifying at-risk students and objectives for

supplying support services to at-risk students. These objectives shall be translated into performance objectives for all school personnel. The program shall also include provisions for in-service training for school personnel; strategies and activities for involving and working with parents; provisions for monitoring the behavioral, social, and academic improvements of at-risk students; provisions for appropriate counseling services; strategies for coordinating school programs and community-based support services; and maintenance of integrated educational environments in compliance with federal and state nondiscrimination legislation.

School districts in Iowa are urged to study current prevention/intervention models and school reform movements and, after selecting an appropriate model, to develop a comprehensive, district-wide plan that consistently speaks to the areas of academics, behavior/social skills, and career exploration. Knowledge of prevention and intervention strategies and programs is essential for all professional educators. Districts need to develop and implement prevention strategies for all students and establish intervention plans for at-risk students.

The Prevention and Intervention strand that follows is a guide to districts developing comprehensive curricular programs. The prevention component proposes broad objectives and suggested student outcomes at four grade-level clusters. The intervention component consists of strategies and levels of intervention based on the severity of need. This is not a lock-step curricular approach to be taught in the schools. The areas addressed overlap in objectives and student outcomes. Overlaps are consistent with the problems and symptoms of substance abuse, adolescent pregnancy, school dropouts, and preventable mental retardation (although not all mental retardation is avoidable, studies suggest that a decrease in incidence can be achieved by positive prevention and intervention strategies with pregnant and parenting teens). Similar strategies can often be used to address several problem areas. All outcomes and objectives speak to the concepts of self-esteem, responsible decision making, personal responsibility, goal setting, and stress management.

A wealth of information and expertise exists within the boundaries of the state. The resource section lists available sources and resources on prevention and intervention. Most can be acquired through the local area educational agency (AEA) or the Iowa Department of Education. The Iowa AEAs have developed an at-risk consortium, and each AEA has an at-risk contact person. A planning worksheet for educators dealing with at-risk students is included in the appendices. The worksheet (Appendix F), developed by Dr. Ray Morley of the Iowa Department of Education, is a starting point for districts planning K-12 prevention and intervention programs.

AIDS Prevention Education

"I think one good thing to come out of this terrible predicament we have with AIDS is that we are able to teach children about their own sexuality in a nonmystifying way."

—Dr. C. Everett Koop

Surgeon General of the United States

This statement by the surgeon general summarizes what many concerned educators are feeling. The challenge, however, is to present AIDS education in a way that is free of panic and fear in order to protect those who are already infected. At the same time we must teach in such a way that our students internalize the seriousness of the epidemic and realize they are at risk if they enter into certain behaviors. This necessitates teaching not only factual information but also decision-making skills and the ability to communicate effectively.

In an effort to accomplish those tasks, the Iowa Department of Education has chosen to incorporate AIDS education into this comprehensive *Human Growth and Development Curriculum Guide*, which in turn will become part of our Health Education program. Health education is specifically addressed by the new standards that school districts must meet by July 1, 1989. With this format, we are hopeful that we can accept the above challenge and offer AIDS education in ways that will eventually halt the spread of the disease in our state. Much of the portion of this curriculum dealing with AIDS is found in the Human Sexuality strand; however, some of the material within the Prevention and Intervention strand is also applicable.

Pertinent information about AIDS has been published in the *AIDS Resource Manual for Education* (Department of Health and Department of Education, 1987). It is recommended that teachers refer to this publication for factual information until an updated manual becomes available to local districts in 1989.

PREVENTION/INTERVENTION

	Dropouts	Substance Abuse
Human Behavior	To understand the personal and social factors that can make school experience pleasant and successful.	To understand the basic factors in human behavior related to alcohol and other drug use: psychological, physiological, and sociological.
Learning Concepts	To understand how learning and personal performance relate to success in school, postschool experiences, and ongoing life experiences.	To know important scientific facts about alcohol, tobacco, and other drugs.
Consequences	To understand the consequences of personal behavior, attitudes toward work, and completing the tasks necessary to succeed in school and careers.	To know the probable consequences of any level of alcohol and other drug use to the individual, the family, and the community.
Prevention Responsibilities	To know that the individual, the family, and the community have interrelated responsibilities for the successful completion of a student's education and development into a contributing member of the community.	To know that the individual, the family, and the community have interrelated responsibilities for the prevention of alcohol and other drug use and abuse.
Alternatives	To be able to assess personal strengths and interests and take constructive action to accomplish educational and career goals.	To know personally relevant and satisfying alternatives behaviors to alcohol and other drug abuse.
Decision Making	To be able to employ decision-making skills relative to education and career choices.	To be able to employ responsible decision-making skills relative to personal alcohol and other drug use and nonuse.

OBJECTIVES

Adolescent Pregnancy	Birth Defects, Mental Retardation, and Other Developmental Disabilities	Suicide
To assess personal levels of self-esteem and identify psycho-social conditions that influence self-esteem. To describe basic human needs and wants necessary for a positive self-image and the characteristics of a self-accepting person.	To understand behaviors that may contribute to birth defects, mental retardation, and other developmental disabilities.	To understand the basic factors in human behavior related to depression and suicide: psychological, physiological, and sociological.
To know the facts about reproductive anatomy, physiology, family planning, contraception, prenatal development, and childbirth. To understand that the range of "normal" in development and behavior is broad.	To understand genetic, environmental, prenatal, perinatal, and post-natal factors that contribute to birth defects, mental retardation, and other developmental disabilities.	To know important scientific facts about depression and suicide.
To have the ability to describe the impact behavior has on others by knowing the long- and short-term consequences of sexual activity to the individual as well as to society.	To know the probable consequences of genetic factors and environmental influences that contribute to the above problems.	To know the probable consequences of suicide to the individual, the family, and the community.
To know how to seek help from family or other sources for reproductive health care problems or questions. To know about male and female responsibility for the prevention of pregnancy.	To be aware of the above factors that can be controlled and the possible effects on the child, the parent(s), and the community as a whole if that control is not exercised.	To know that the individual, the family, and the community have interrelated responsibilities for the prevention of suicide.
To be able to identify options and alternatives for behavior, rather than feeling that certain actions are inevitable. This includes awareness of different ways to handle uncomfortable or angry emotions or sexual feelings.	To know personally relevant and satisfying alternative behaviors that will optimize future pregnancy outcomes.	To know personally relevant and satisfying alternative behaviors to suicide.
To be able to set goals and work toward them. To apply the steps in the decision-making process relative to postponing sexual activity.	To be able to employ responsible decision-making skills to optimize future pregnancy outcomes.	To be able to employ decision-making skills to make responsible decisions relative to suicide.

Objectives for preventing students from dropping out

Human Behavior: To understand the personal and social factors that can make school experience pleasant and successful.

Learning Concepts: To understand how learning and personal performance relate to success in school, postschool experiences, and ongoing life experiences.

Consequences: To understand the consequences of personal behavior, attitudes toward work, and completing the tasks necessary to succeed in school and careers.

Prevention Responsibilities: To know that the individual, the family, and the community have interrelated responsibilities for the successful completion of a student's education and development into a contributing member of the community.

Alternatives: To be able to assess personal strengths and interests and take constructive action to accomplish educational and career goals.

Decision Making: To be able to employ decision-making skills relative to education and career choices.

Dropouts

Statement of the Problem

Iowa secondary schools continue to lose over 5,500 students annually. The reasons students leave school are complex and differ from locality to locality, from student to student. For a detailed breakdown of dropout statistics in Iowa refer to "Iowa Guidance Surveys—The Dropout F. Y. 1987" (Iowa Department of Education).

Dropout prevention programs are an additional cost to the taxpayer, yet the lack of such programs costs the taxpayer even more over an extended period of time. If a dropout is unable to find a job, the state loses a potential taxpayer. If the dropout is dependent on welfare from the state, it costs Iowa taxpayers more. National studies indicate that the dropout is six to ten times more likely to be involved in crime than the in-school student. A survey of Iowa state prison inmates indicates that 45 percent have less than a twelfth grade education. Ultimately, it costs society more if youth are uneducated.

Research indicates that students leave school primarily because they personally dislike their experience with school. Usually a student drops out over an extended period of time, with the psychological dropping out happening long before the physical dropping out occurs. Potential dropouts can be identified at the elementary and secondary level, but reaching the potential dropout must be a continuing process at both levels if dropping out is to be prevented.

Factors indicative of potential dropouts that can be observed at the elementary level include lack of basic skills, low educational level of parents, lack of friendships in the classroom, expressed feelings of not belonging, an excessively stressful home life, frequent absenteeism or illness, low level of self-esteem, and/or siblings or parents who have been dropouts.

At the secondary level additional factors more relevant to adolescents include involvement with drugs, the occurrence of pregnancy or becoming a teen parent, lack of future goals, and failure to see the relevance of education to life experiences.

Students' initial attitudes affect classroom behavior and reaction to the teacher. Thus, if students experience success (including a positive relationship with a teacher), they will probably have a more positive attitude toward education.

The heart of the school is the teacher. A teacher can create a good atmosphere in which to learn or can alienate the child from school. Students indicate that the most important characteristic of a teacher is caring for the students. The most powerful influence on students to stay in school is friendly attention and a supportive atmosphere.

Dropouts

K-3

Human Behavior	Learning Concepts	Consequences
The student will . . . - Identify personal characteristics that can be used to help oneself and others - Describe school as personally helpful. Express an understanding of the need to follow rules - Identify family and peers as influences on the individual's attitudes, values, and behavior at school - Demonstrate awareness of career models and career as part of life - Share feelings and demonstrate care about the feelings of others	The student will . . . - Identify interests and weaknesses as components of personal uniqueness - Identify school rules and norms - Identify roles of students and faculty - Identify that everyone has needs that can be shared and accepted by others - Understand that community is for all to benefit from and for all to contribute to - Identify career models and contributions that are made by career models - Identify personal potential to be a career model - Identify and describe some causes of stress and conflict and ways of dealing with them - Identify different feelings and differentiate between healthy and unhealthy ways to act on feelings	The student will . . . - Recognize appropriate and inappropriate behaviors at school and home. Understand that consequences at school and home are related to behavior - Differentiate between short- and long-term goals - Recognize the consequences to one's family of appropriate and inappropriate behavior at home

Prevention Responsibility	Alternatives	Decision Making
The student will ... - Demonstrate awareness of appropriate behavior in school settings - Show an understanding of the concepts of self-discipline and responsibility - Describe how a person's behavior at school can be helpful or harmful to others - Become aware of the family as the basic social unit influencing individual education attitudes, values, and behaviors - Recognize how community agencies might help individuals and their families	The student will ... - Define leisure and list leisure activities pursued by family, self, and friends - Learn the concept of respect for authority and learn to listen to the person in charge - Recognize qualities for current friendships and the qualities to look for in friends - Describe the interdependence of the family unit in terms of working together and sharing responsibilities - Identify trusted people who can help with personal and family problems	The student will ... Evaluate skills at this level of development for making personal and educational decisions

Dropouts

4-6

Human Behavior	Learning Concepts	Consequences
The student will ... Recognize mental and creative abilities in relationships to enhance self-esteem Define life-style in relationship to family leisure and career Define "school self-concept" in relationship to the school experience Assess individual attributes required for successfully fulfilling different roles as a student and family member Describe the relationship of personal qualities (e.g., dependability, promptness, getting along with others) to getting and keeping a job Demonstrate skills in expressing feelings in an appropriate way	The student will ... Assess such personal competencies as experience, education, and skills Identify "risk factors" associated with school failure/dropping out Demonstrate an understanding of how school climate and expectations influence school performance Demonstrate that what is learned can be applied in daily life Discuss social factors that may influence school performance, career choices, and personal behavior Learn social institutions that provide support services Recognize abilities, skills, and interests related to career choice Compare self-characteristics to those projected via career models Identify ways of coping with stressful situations such as loss, failure, anger, conflict, and adversity Identify sources of stress and distinguish between situations that can and cannot be controlled Demonstrate knowledge of how to direct emotions into socially acceptable behavior	The student will ... Recognize the consequences of appropriate and inappropriate behavior in school and community settings to self Recognize determinants of short- and long-term goals Recognize the consequences of appropriate and inappropriate behavior in school and community settings to one's family Recognize the consequences of appropriate or inappropriate behavior in the school setting to others

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Recognize and perform appropriate behaviors for the school setting Identify personal behavior required for success in school settings and habits that hinder progress Describe how one's behavior influences the feelings and actions of others in the school setting Demonstrate appropriate behavior when peer pressures contradict personal beliefs and values Identify responsibilities within the family to encourage siblings to succeed in school	The student will . . . Make satisfying decisions about leisure time without directions from an adult Recognize the relationships between interests, needs, and leisure-time activities Differentiate among the roles of leadership and collaboration in school and work settings List the characteristics that help maintain friendships and compare self to the list Understand what relationships are and their importance in our lives Examine different kinds of family communication Cope with praise and criticism from parents and other adults in a positive manner Demonstrate skills in resolving conflicts with peers and adults Recognize and value caring adults who are significant in one's life	The student will . . . Examine benefits and disadvantages of different decision-making strategies

Dropouts

7-8

Human Behavior	Learning Concepts	Consequences
The student will . . . Explore significant events in life and assess the impact on present attitudes, values, and self-esteem Describe factors that determine life-style such as socioeconomic status, culture, values, education and career choice, work habits, and friends or acquaintances Assess academic motivations in relationship to high school and post-high school goals Identify current interests and values and recognize how these have changed since childhood Evaluate behaviors considered appropriate for the school and community settings Identify tentative life and career goals Predict the kinds of behavior that may result when physical, emotional, and social needs are not met	The student will . . . Evaluate own abilities, personal qualities, aspirations, and values and their interrelationship with school success Identify any "risk factors" in own life and methods to reduce those factors Demonstrate an understanding of how school climate and expectations influence school performance and social and career performance outside school Examine the influence of societal values, conditions, and expectations on personal, school, and career choices Plan and complete community service that benefits others Relate abilities, values, needs, and experience to career choices Locate, evaluate, and interpret information on career choices and training Explore careers via personal involvement to internalize the potential for future participation Implement appropriate coping skills when dealing with conflicts and stress	The student will . . . Evaluate consequences of appropriate and inappropriate behavior in school and community settings to self Apply goal-setting process to school and career goals Evaluate the consequences of appropriate and inappropriate behavior in school and community settings to one's family Analyze the consequences of appropriate and inappropriate behaviors in the school setting to others

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Evaluate behavior considered appropriate and necessary in the school setting - Describe the relationship between self-confidence and being responsible for actions or completing tasks when in a group - Evaluate student and staff behavior necessary to promote a "positive school climate" - Develop assertiveness skills and practice resisting peer pressure that contradicts personal beliefs and values - Identify characteristics of "at-risk" or "high-risk" students and the services available to them at school and in the community - Plan and complete community service that benefits others	The student will . . . - Understand the relationship between leisure-time choices and the maintenance of mental, emotional, and physical health - Demonstrate tolerance and flexibility for interpersonal relationships in group situations - Discuss maturity and responsible behavior in adolescent relationships - Identify ways in which different family patterns may require different kinds and amounts of energy participation, motivation, and communication - Demonstrate skills in dealing with criticism - Demonstrate skills in resolving conflicts with peers and adults - Recognize and value caring adults who are significant in one's life - Distinguish between constructive and destructive ways of behaving in response to feelings	The student will . . . - Describe how previous decisions, needs, interests, peers, qualifications, and career information influence present and future decisions - Identify the interrelationships of school failure, dropping out, substance abuse, and other dysfunctional behaviors

Dropouts

9-12

Human Behavior	Learning Concepts	Consequences
The student will . . . Demonstrate the ability to accept self as a total person with unique and worthy traits, competencies, characteristics, and potential Summarize the interrelationships between family, career, home, education, and leisure and how they affect life-style Analyze academic and non-academic abilities in relationship to postsecondary educational training goals Evaluate the concept of "bonding" in relationship to school performance and career choices Assess and manage own behavior in terms of personal value system and societal expectations Identify strategies for managing personal resources (talents, time, money) to achieve educational and career goals Formulate a personal plan to maintain one's own mental health Exhibit maturity in coping with emotional and stressful situations within self and others	The student will . . . Demonstrate an understanding of the personal attributes that are significant in achieving personal, social, educational, and career goals Assess school resources for meeting personal educational and career goals Apply learning in community and personal life situations for the benefit of others Establish the reality of the need for economic resources and understand how resources are attained Complete community service that benefits others Develop knowledge of divisions in social situations Identify career decisions to be made; know what information is needed and how to get and use it Establish future plan for training and/or work placement Identify various coping strategies that can help manage own behavior in terms of intense feelings Analyze the various influences/forces restricting personal progress and techniques to combat those influences/forces	The student will . . . Identify common risks in life and analyze them for reasons for taking such risks, possible outcome, and precautions to reduce harm Project the probable consequences for one's family of present school and career goals

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Assess and manage own school behavior in terms of personal value system and societal expectations - Demonstrate skills in disciplining self and in being responsible for own school performance - Develop listening and communication skills as an effective strategy for helping peers succeed at school - Discuss skills used to resist peer influence that contradicts personal school and career goals - Identify "school success strategies" that might be employed with own children - Understand and appreciate the need for community agencies and services that serve "high risk" youth and families - Plan and complete community services that benefit others	The student will . . . - Describe the importance of career, family, and leisure activities to the maintenance of mental, emotional, physical, and economic well-being - Evaluate the effectiveness of different leadership and collaboration strategies in various school, community, and work settings - Analyze the interrelationship of career and family roles, responsibilities, and family harmony - Identify ways of dealing with conflicts that arise in relationships	The student will . . . Utilize effective skills in making career and educational decisions

Objectives for preventing substance abuse

Human Behavior: To understand the basic factors in human behavior related to alcohol and other drug use: psychological, physiological, and sociological.

Learning Concepts: To know important scientific facts about alcohol, tobacco, and other drugs.

Consequences: To know the probable consequences of any level of alcohol and other drug use to the individual, the family, and the community.

Prevention Responsibilities: To know that the individual, the family, and the community have interrelated responsibilities for the prevention of alcohol and other drug use and abuse.

Alternatives: To know personally relevant and satisfying alternative behaviors to alcohol and other drug abuse.

Decision Making: To be able to employ decision-making skills relative to personal, responsible alcohol and other drug use and nonuse.

Substance Abuse

Statement of the Problem

In Iowa the most serious threat to the health and well-being of our children is the use of alcohol and other drugs. In surveys, Americans identified drugs among all major national and international problems as the most important issue confronting our nation. The use and abuse of alcohol and other drugs cross all ethnic, socioeconomic, and geographic lines. As chemical dependency increases in the adolescent population, our young people must make personal decisions about the use or nonuse of alcohol and other drugs at increasingly younger ages. Students must learn early that alcohol and other drugs impair memory, alertness, and achievement and thus erode their capacity to perform in school, to think, and to act responsibly.

If Iowa schools are to help students develop the knowledge, skills, and attitudes they will need to adopt and maintain low-risk choices (specifically the abstinence from illegal drugs, including alcohol for minors), the curriculum scope and sequence need to be comprehensive and multistrategic. Prevention efforts require long-term commitment and should establish linkages for parent/community involvement. Included at the end of this section are suggestions for planning an effective school substance abuse prevention and intervention program.

Substance Abuse

K-3

Human Behavior	Learning Concepts	Consequences
The student will ... - List five needs areas all people share: physical, intellectual, social, emotional, spiritual - Describe feelings about self (concepts of being unique and special) and how these feelings influence alcohol and other drug use choices - Describe how the actions of other people affect one's feelings - Describe how belonging to a group affects feelings and behavior - Understand how it feels to live in a family with alcohol and other drug problems - Identify some authority figures in the community - Understand the concept of responsibility within family, school, and community, differentiating between self-responsibility and responsibility for others - List home and school rules for using or not using alcohol and other drugs, including medicines and poisons - Describe advertising techniques used to promote the consumption of alcohol and other drugs	The student will ... - Explain the purpose of drugs called medicines - Describe the role of parents, pharmacists, and other health professionals in dispensing medicines - Identify harmful household products as poisons - Define terms including drug, substance, use, abuse, prescription, and nonprescription - Identify different forms of alcoholic beverages and discuss physiological effects of alcohol use - Identify different forms of tobacco and discuss physiological effects of tobacco use	The student will ... - Give examples of how misuse of medicines or household substances can result in physical harm - Explore the consequences of use of alcohol and tobacco - Explore the consequences of neglecting responsibility

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Describe the ways rules, regulations, and laws help protect health and safety, particularly those related to medicines and poisons Identify and respect persons who help protect and maintain health and safety Identify dangerous situations involving medicines and poisons and appropriate responses to the situations Identify who to talk to in the family, school, and community settings for help with concerns about alcohol and other drug problems Identify passive, assertive, aggressive behaviors in relation to alcohol and other drug problems Name stressors in life and various ways of coping with stress	The student will . . . Identify ways in which people behave in order to meet their needs Identify appropriate responses to feelings Recognize that participation in activities is a means of achieving personal satisfaction Identify positive responses to unpleasant situations	The student will . . . Demonstrate the use of the decision-making process Identify safe behaviors in situations that involve medicines and poisons Demonstrate choices to maintain personal good health Recognize that there are many different choices when faced with a decision

Substance Abuse

4-6

Human Behavior	Learning Concepts	Consequences
The student will . . . Identify ways in which people attempt to meet their needs by using alcohol and other drugs Identify differences in family practices and attitudes about the use of alcohol and other drugs Identify ways that peers might influence choices of use or nonuse of alcohol and other drugs Interpret advertising techniques used to promote the consumption of alcohol and other drugs Identify how alcohol and other drug use relate to the need to belong and be accepted by others and differentiate between self and group characteristics Identify the roles played by children of alcoholics in their family system and explore the family rules of "don't talk," "don't feel," and "don't trust"	The student will . . . Give examples of stimulants, depressants, hallucinogens, narcotics, and volatile substances Explain medical uses of commonly used drugs Give examples of the role that drugs have played in improving the quality of health Give examples of how alcohol and other drug usage can retard or halt social, emotional, mental, and physical development Describe the differences between prescription and nonprescription drugs, use and abuse of alcohol and other drugs Describe the states of chemical dependency: the dependency cycle of nonuse, use, abuse, and dependency Define alcoholism Describe antidotes and emergency procedures to counteract the toxic effects of ingested poisons in household products Explain the statement that alcohol is the major drug abused in the United States Discuss the common myths and fallacies associated with alcohol and other drug use	The student will . . . Explain how the abuse of medicines, alcohol, and non-prescription drugs can result in physical harm Know that there are legal controls for the use or possession of alcohol and other drugs Describe the possible harm to self from "taking a dare" involving the use of known or unknown substances Discuss the impact of alcohol and other drug dependency on family members Identify intravenous drug use as one of the major modes of AIDS transmission

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - List ways society tries to prevent individuals from abusing alcohol and other drugs - Explain the role of laws, rules, and regulations in the prevention of alcohol and other drug abuse - Identify and practice refusal skills for making alcohol and other drug use decisions - State personal attitudes about alcohol and other drug use and abuse - Identify community resources for help with alcohol and other drug problems - Identify stressors that can cause individuals to abuse alcohol and other drugs and identify stress management skills - Identify several techniques to manage peer influence	The student will . . . - Identify ways by which people meet their needs without using alcohol and other drugs—the alternative concept - Identify alternative activities afforded through community agencies and programs - Identify alternative activities afforded within the school environment - Identify methods of stress management through a variety of positive activities	The student will . . . - Demonstrate the decision-making process and its relationship to personal responsibility for the use of medicines, alcohol, and other drugs - List reasons people give for use of alcoholic beverages with age-appropriate issues - Describe the application of the decision-making process as a drug-free method of dealing with personal problems - Discuss goal setting and how alcohol and other drug use interfere with goal attainment

Substance Abuse

4-6 (continued)

Human Behavior	Learning Concepts	Consequences
	The student will . . . Identify the "gateway drugs," emphasizing the effects of alcohol, tobacco, and marijuana Name ways of using illegal drugs: oral, inhaling, and intravenous, etc.	

Prevention Responsibility	Alternatives	Decision Making

Substance Abuse

7-8

Human Behavior	Learning Concepts	Consequences
The student will ... Interpret reasons people use and abuse alcohol and other drugs Identify examples of peer influence on decisions about the use or nonuse of alcohol and other drugs Identify the influence of the family on decisions about the use or nonuse of alcohol and other drugs Identify the roles of mass media and advertising in influencing decisions about the use and nonuse of alcohol and other drugs Identify the internal (self) controls a person can apply to decisions about the use and nonuse of alcohol and other drugs Identify the influence of role models such as sports and entertainment personalities on decisions about the use or nonuse of alcohol and other drugs Identify and role-play the roles of children of alcoholics in their family system and discuss the family rules of "don't talk," "don't feel," and "don't trust"	The student will ... Classify drugs according to their physiological and psychological effects Discuss the concepts of drug allergies and drug side-effects Explain the differences between prescription and nonprescription drugs Describe the risks of using alcohol in combination with other drugs Describe antidotes and procedures to counteract the toxic effect of ingested poisons Describe ways in which intoxication from alcohol and other drugs affects the behavior of drivers and interferes with the operation of vehicles Interpret alcoholic, problem drinker, social drinker, and abstainer Describe the concepts of tolerance, habituation, and addiction Discuss the risks associated with drugs used to enhance athletic performance Specify the health risks of using tobacco	The student will ... Identify problems associated with the use of alcohol and other drugs for the individual, the family, and the community Identify specific risks of alcohol and other drug use to which adolescents are uniquely susceptible Explain how laws govern the personal use, sale, and possession of alcohol and other drugs Describe the relationship of drug abuse to illegal drug traffic, crime, and delinquency Identify specific risks when adolescents use alcohol and other drugs to alleviate stress Identify how self-esteem is affected when adolescents use alcohol and other drugs Identify problems associated with the use of alcohol and other drugs on the unborn Describe the risks of sharing needles during intravenous drug use Describe the relationship of substance-using life-styles to AIDS and other sexually transmitted diseases

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Explain how the use and abuse of alcohol and other drugs can be prevented by controls that exist in society Identify local efforts to prevent alcohol and other drug abuse Discuss ways by which peers, siblings, and other youth can influence the nonuse of alcohol and other drugs by 7 and 8th grade students Analyze the contributions of the family in primary prevention of the use of alcohol and other drugs Discuss personal value positions on the use and abuse of alcohol and other drugs Describe how to use agencies that offer assistance to people with alcohol and other drug problems, mental health problems, and other family or relationship problems Discuss the difference between prevention, intervention, and treatment in the continuum of care for chemical dependency Discuss the concept of personal responsibility as a method of prevention of alcohol and other drug problems	The student will . . . Identify several alternative behaviors to meet needs without the use of alcohol and other drugs Identify settings in the home, school, and community to use as resources to meet some needs Discuss abstinence as a low-risk life choice Compare and contrast various stress management skills Identify positive alternative behaviors that can enhance self-image, self-worth, and self-acceptance	The student will . . . Apply the decision-making process to situations involving alcohol and other drugs Discuss goal setting and how the use of alcohol and other drugs interferes with goal attainment

Substance Abuse

7-8 (continued)

Human Behavior	Learning Concepts	Consequences
The student will . . . Discuss how the use of alcohol and other drugs relates to the need to belong and to be accepted by others and differentiate between self versus group characteristics	The student will . . . Identify how stress creates physiological changes in the human body Clarify myths and fallacies associated with alcohol and other drug use Know that alcohol is potentially lethal to the unborn and may cause birth defects	

Prevention Responsibility	Alternatives	Decision Making

Substance Abuse

9-12

Human Behavior	Learning Concepts	Consequences
The student will ... Interpret reasons people use and abuse alcohol and other drugs Analyze the influence of peers on adolescents' decisions on use or nonuse of alcohol and other drugs Analyze the influence of adult role models on adolescents' decisions on use or nonuse of alcohol and other drugs Identify the social norms for the use of alcohol and other drugs and the influences these norms have on individual decisions about the use or nonuse of alcohol and other drugs Discuss personal characteristics that may precede alcohol and other drug use Analyze the impact of the alcohol and other drug industries on the use of their products Analyze how self-esteem influences the use or nonuse of alcohol and other drugs and demonstrate ways to affect an individual's self-esteem Discuss healthy versus unhealthy responses to living in an alcoholic family Define and discuss enabling and co-dependency behaviors	The student will ... Classify alcohol and other drugs, including steroids, and identify their health risks Analyze and interpret the accuracy of alcohol and other drug information, distinguishing facts from myths Describe procedures for being an informed consumer of prescription and nonprescription drugs Identify procedures to help in alcohol and other drug emergencies and crises List the effects of alcohol and other drugs on driving behaviors and performance Identify an individual's biologic risk for chemical dependency by researching family history Describe the adolescent alcoholism and drug dependency progression and methods of treatment Relate drug research to life expectancy, including AIDS-related illness and death Define the terms FAS (Fetal Alcohol Syndrome) and ARBD (Alcohol-Related Birth Defects) Assess the relationship between the amount of alcohol ingested at different times during pregnancy and the risks of severe birth defects	The student will ... Discuss the detrimental effects of alcoholism and other drug dependencies on the individual, the family, and the community Demonstrate a knowledge of the laws and regulations concerning the use, sale, and possession of alcohol and other drugs in Iowa and the possible consequences of violating these laws Demonstrate a knowledge of the consequences of driving under the influence of alcohol and other drugs, both immediate and long-range Describe the possible consequences of one's responses to a person whose behavior has been changed by alcohol or other drugs Describe the relationship of drug abuse to illegal drug traffic, crime, and delinquency Describe the relationship of alcohol and drug abuse during pregnancy to birth defects

Prevention Responsibility	Alternatives	Decision Making
The student will ... Evaluate effectiveness of existing controls over the use and abuse of alcohol and other drugs Discuss the responsibilities of the community for treatment and recovery of persons with chemical dependency Suggest ways by which individuals can assume responsibility for the prevention of alcohol and other drug problems Recommend community actions for the primary prevention of alcohol and other drug problems Discuss the influence of parents' alcohol and other drug use and attitudes on their children's future use or nonuse of alcohol and other drugs Identify constructive aspects of an abstinent or low-risk life choice Demonstrate refusal skills Demonstrate stress management skills List ways abstinence from drugs decreases the possibility of contracting AIDS Describe the relation of substance-using life-styles to AIDS and other sexually transmitted diseases	The student will ... Assess life choices in relationship to meeting personal needs Choose alternatives to the use of alcohol and other drugs that are compatible with personal interests and values Identify and analyze adult role models for meeting needs constructively Evaluate abstinence as a personal low-risk life choice Describe responsible hosting in regard to alcoholic beverages	The student will ... Discuss the individual's right to make decisions about the use or nonuse of alcohol and other drugs Identify situations or conditions in which individuals might use alcohol and other drugs and apply the decision-making process in selecting appropriate behavior Develop long- and short-range goals that will enable the individual to avoid alcohol and other drug problems

Objectives for preventing adolescent pregnancy

Human Behavior: To assess personal levels of self-esteem and identify psycho-social conditions that influence self-esteem.

To describe basic human needs and wants necessary for a positive self-image and the characteristics of a self-accepting person.

Learning Concepts: To know the facts about reproductive anatomy, physiology, family planning, contraception, prenatal development, and childbirth.

To understand that the range of "normal" in development and behavior is broad.

Consequences: To have the ability to describe the impact behavior has on others by knowing the long- and short-term consequences of sexual activity to the individual as well as to society.

Prevention Responsibilities: To know how to seek help from family or other sources for reproductive health care problems or questions.

To know about male and female responsibility for the prevention of pregnancy.

Alternatives: To be able to identify options and alternatives for behavior, rather than feeling that certain actions are inevitable. This includes awareness of different ways to handle uncomfortable or angry emotions or sexual feelings.

Decision Making: To be able to set goals and work toward them.

To apply the steps in the decision-making process relative to postponing sexual activity.

Adolescent Pregnancy

Statement of the Problem

Despite a drop in the number of births, teen pregnancy has greater social and economic costs than ever before. It is only in recent years that more than half of all teen mothers have begun raising their children as single parents, facing almost certain poverty. The consequences of teen pregnancy are serious for society as well. Almost two-thirds of the mothers currently on welfare had their first child in adolescence.

The problem of teenage pregnancy has yet to be resolved. A partial solution is an education prevention program at home, at school, and in the community, beginning in preschool and continuing through high school.

Sexuality education must be more than education in how to have sex without consequences and must deal with more than human anatomy: today's sexuality education is about facts of living. Such education needs to continue throughout life, as a process, not a fact.

Sexuality education helps individuals of all ages resist pressure to act a certain way from peers, media, and the inaccurate beliefs they have acquired about what is normal. Sexuality education is learning who we are as males and females. It is learning about what it means to care for someone, learning about love and intimacy, learning about feelings. Sexuality education helps us respect cultural and individual differences in sexual values and beliefs. Learning that there are different choices to make in life, sexually and otherwise, is part of the process. Sexuality education helps individuals feel good about themselves.

Research shows that sexuality education does not change people's values regarding their own behavior. Basic values are learned early in the family. These values are inevitably tested, pressured, and challenged. Sexuality education helps people handle that inevitable testing confidently. In addition, it lessens their risk of pregnancy, increases their communication with parents, enhances their self-esteem and problem-solving skills, and promotes their tolerance for others who have different values. As a complement to the section on human sexuality education introduced earlier in this guide, the next section describes general objectives and student outcomes that schools can teach to help prevent or reduce adolescent pregnancy.

Adolescent Pregnancy

K-3

Human Behavior	Learning Concepts	Consequences
The student will ... Express and identify the concepts of "maleness" and "femaleness" Distinguish the life cycle and sexuality at all ages, including those of parents and grandparents Name the acceptable vocabulary for communication about body parts, their own and those of the opposite sex Demonstrate comfort with self, physically and emotionally, in order to develop high self-esteem	The student will ... Name correct terms for all sexual body parts, including the reproductive organs Tell where babies come from, how they "get in" and "get out" Organize a study of growth and reproduction in animals and plants; be aware of their needs and the responsibility of caring for them Explain that all creatures reproduce themselves	The student will ... Recognize that a woman does not have to have a baby unless she wants to Explore different types of caring home backgrounds, so that no single type is seen as the only possible one

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Understand that their bodies belong to themselves and that they have a right to say "no" to unwanted touch Tell about body parts without a sense of "naughtiness" Explain when it is appropriate to talk about sex Identify family members' roles and responsibilities Begin to identify nonstereotyped gender roles and to operate within them Identify the health care system, so as to view it as nonfrightening and supportive of health and well-being	The student will . . . Discuss ways to ask trusted adults questions about sexuality Take an active role in managing the body's health and safety	The student will . . . Demonstrate the use of the decision-making process Recognize that there are many different choices when faced with a decision Identify ways to develop and maintain friendships

Adolescent Pregnancy

4-6

Human Behavior	Learning Concepts	Consequences
The student will ... Develop an understanding of human reproduction, including: the legitimacy and normalcy of sexual feelings; the idea that sex is pleasurable as well as the way to create a baby; the realization that sexual acts can be separated from reproductive acts; the fact that emotional changes are to be expected during this time; and recognition of the difference between mature love, infatuation, and/or attraction	The student will ... Develop an understanding of human reproduction, including: an understanding of human sexuality as a natural part of life; and how female and male bodies grow and differ Discuss the body changes that can be expected before puberty including: range of times at which normal development changes begin, including normal differences in male and female timing of these events; the general stages of the body's growth; and menstruation and wet dreams	The student will ... Discuss contraception, including the knowledge that every child deserves mature, responsible, loving parents Discuss the biological components of the reproductive cycle including the probability of pregnancy with unprotected intercourse

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Discuss contraception including the knowledge that abstinence is the only completely effective means of preventing pregnancy Develop peer-helping skills	The student will . . . Identify ways to ask trusted adults questions about sexuality Identify ways to be responsible and assertive concerning the health and safety of one's body	The student will . . . Develop processes by which to make responsible decisions Discuss the fact that one has input into one's future Discuss goal-setting strategies Develop an understanding of one's own responsibility for one's behavior

Adolescent Pregnancy

7-8

Human Behavior	Learning Concepts	Consequences
The student will . . . Describe human sexuality as an aspect of one's total personality Assess emotional and social needs and changes during adolescence Express the ways behavior can be interpreted as sexual and recognize how to deal with such interpretation Interpret potential sexual abuse and how to react to such danger Describe how to be a good friend and how to end a relationship without anger	The student will . . . Give examples of birth control methods and discuss facts and fallacies about those methods Discuss sexually transmitted diseases (STDs), including how they are transmitted and how they are treated	The student will . . . Identify values with a clarity about one's own emotional needs Identify birth control methods and the advantages and disadvantages of a range of contraceptives Explain the probability of becoming or making someone pregnant as a result of sexual activity Identify consequences of early adolescent pregnancy

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Demonstrate greater understanding of sexual exploitation among adolescents Identify several techniques to manage peer pressure	The student will . . . Discuss where to obtain information on pregnancy prevention Identify methods of stress management through a variety of positive activities	The student will . . . Demonstrate an understanding of the positive role of sexuality in one's life Discuss the fact that one has input into one's future Develop a sense of clarity about one's own values and emotional needs Demonstrate an ability to assert oneself when refusing to participate in sexual activities

Adolescent Pregnancy

9-12

Human Behavior	Learning Concepts	Consequences
The student will ... Understand that people can have sexual feelings without acting on them Demonstrate communication skills, including being able to talk with one's actual or potential partner about feelings and/or sexual behavior Analyze the relationships among family members and how families fit into society Demonstrate a personal feeling of power in order to be in charge of one's own life	The student will ... Give examples of birth control methods and discuss the facts and fallacies about those methods Discuss sexually transmitted diseases (STDs), including how they are transmitted and how they are treated	The student will ... Demonstrate an understanding of the problems of adolescent marriage and pregnancy and the risk of poor pregnancy outcomes for mother and/or child Recognize how behavior can be interpreted as sexual and how to deal with such interpretation, including date rape Demonstrate an understanding of the dangers of male and female prostitution

Prevention Responsibility	Alternatives	Decision Making
The student will ... Demonstrate the ability to assert oneself when refusing to participate in sexual activities or when insisting on the use of birth control Demonstrate comfort in asking about and asking for contraception methods	The student will ... Exhibit an awareness of the potentially dangerous consequences of casual sexual relationships Identify appropriate roles for young women and men and develop an awareness of the differences between biological sex and socially assigned gender roles	The student will ... Demonstrate consistency when making responsible decisions Understand the impact of current behavior on the future Discuss how values relate to experiences, attitudes, and feelings about sexual activity Demonstrate comfort in expressing desire for abstinence, avoiding unwanted sexual experiences, or insisting on the use of birth control

Objectives for preventing birth defects, mental retardation, and other developmental disabilities

Human Behavior: To understand behaviors that may contribute to birth defects, mental retardation, and other developmental disabilities.

Learning Concepts: To understand genetic, environmental, prenatal, perinatal, and post-natal factors that contribute to birth defects, mental retardation, and other developmental disabilities.

Consequences: To know the probable consequences of genetic factors and environmental influences that contribute to the above problems.

Prevention Responsibilities: To be aware of the above factors that can be controlled and the possible effects on the child, the parent(s), and the community as a whole, if that control is not exercised.

Alternatives: To know personally relevant and satisfying alternative behaviors that will optimize future pregnancy outcomes.

Decision Making: To be able to employ responsible decision-making skills to optimize future pregnancy outcomes.

Birth Defects, Mental Retardation, and Other Developmental Disabilities

Statement of the Problem

The social, emotional, and economic impact of birth defects, mental retardation, and other developmental disabilities upon individuals, families, and society as a whole can be devastating. Families of affected children often face the need to restructure their life-styles and expectations for the future in order to provide for the needs of exceptional children. Related emotional stress can diminish the quality of family life and can lead to breakdown of families. The cost of providing specialized medical care, education, and possible lifetime care can place a heavy load upon families, schools, and state and federal budgets. The loss of productive potential due to preventable disabilities is tragic.

It is vital to help students recognize the implications of these problems and to realize that many can be prevented. The President's Committee on Mental Retardation optimistically estimates that half of all mental retardation can be prevented through the implementation of known primary, secondary, and tertiary prevention strategies.

Primary prevention strategies are aimed at eliminating the occurrence of a problem, such as elimination of congenital rubella syndrome through immunization against the rubella virus. Secondary prevention strategies are designed to detect potential problems early, so that early intervention may avert them. One example of secondary prevention strategies is the routine screening of newborns for PKU, which—if undetected—may result in progressive mental deterioration. Continued improvement of such early detection programs may play a vital role in preventing serious problems. Tertiary prevention strategies, aimed at minimizing the effects of existing birth defects or developmental disabilities, include early evaluation and educational programming for children with such defects as Down's syndrome who can benefit from early intervention to help them maximize their potential.

Iowa has one of the lowest neonatal and infant mortality rates in the country. Nevertheless, one in thirty babies is born with birth defects; many of these defects are genetically or environmentally induced. One in twenty babies is born with low birth weight (less than 5 1/2 pounds) as a consequence of either prematurity or intrauterine growth retardation. Of those, approximately 10 percent will become developmentally disabled. By one year of age, 2 or 3 percent of Iowa's children will be diagnosed as having a genetic disorder such as muscular dystrophy, cystic fibrosis, or sickle cell disease.

Students must learn how to reduce the incidence of birth defects, genetic disorders, and other developmental disabilities by becoming familiar with the genetic and environmental influences on prenatal growth and development, preconceptional, prenatal, and perinatal risk factors, and the importance of the first few years during which a child develops.

Birth Defects, Mental Retardation, and Other Developmental Disabilities

K-3

Human Behavior	Learning Concepts	Consequences
The student will . . . Explain how people can influence their environment Develop an understanding of differences in appearance, abilities, and needs Describe different ways to demonstrate caring and concern for others	The student will . . . Name things that are alive and things that are not Explain that the offspring of different species have many similarities to and some differences from the parents Identify characteristics that are unique to each individual	The student will . . . Explain how the environment can affect the individual Explain how actions toward others affect their feelings

Prevention Responsibility	Alternatives	Decision Making
The student will ... Identify personal practices that can contribute to good health Avoid known health hazards	The student will ... Predict the consequences of personal actions	The student will ... Be aware that everyone makes choices Discuss choices that are made every day

Birth Defects, Mental Retardation, and Other Developmental Disabilities

4-6

Human Behavior	Learning Concepts	Consequences
The student will . . . Explain how the mother's use of substances can affect her developing baby Be aware of and sensitive to the frustrations of exceptional children	The student will . . . Explain the concept of human heredity Identify some traits that run in families Categorize types of individual differences	The student will . . . List effects of poor nutrition, smoking, alcohol, and other drugs on the body Discuss how an exceptional child's self-image is influenced by those around him/her

Prevention Responsibility	Alternatives	Decision Making
The student will . . . Discuss the benefits of avoiding use of alcohol and other drugs Identify ways to avoid environmental hazards	The student will. . . Discuss the benefits of good nutrition Discuss positive alternatives to use and abuse of tobacco, alcohol, and other drugs	The student will . . . Explain ways in which an individual's choices can affect herself/himself and others Discuss ways in which personal decisions can affect unborn children

Birth Defects, Mental Retardation, and Other Developmental Disabilities

7-8

Human Behavior	Learning Concepts	Consequences
The student will ... Avoid use of substances that may be detrimental to personal well-being and/or that of future children Be more sensitive to the needs of individuals with handicapping conditions	The student will ... Explain human genetic principles and their influence on growth and development Identify some genetic disorders that may run in families Recognize that genetic defects can occur in any family Explain how a pregnant woman's health can affect her developing baby Identify environmental hazards for developing babies	The student will ... Recognize increased risk factors that may affect babies of teenage mothers Relate to people with handicapping conditions in a manner that is caring, supportive, and understanding but not pitying

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Avoid use/abuse of tobacco, alcohol, and other drugs - Explain the possible negative outcomes of teenage pregnancy - Avoid teenage pregnancy - Avoid environmental hazards if pregnancy occurs	The student will . . . - Discuss ways to avoid environmental hazards that could be dangerous to unborn children - Identify genetic risk factors - Explain the purpose of genetic counseling	The student will . . . - Identify personal factors influencing reproductive decisions - Discuss the impact of decisions regarding the use of alcohol and other drugs on unborn babies - Discuss the possible impact of personal reproductive decisions on the family and on the community

Birth Defects, Mental Retardation, and Other Developmental Disabilities

9-12

Human Behavior	Learning Concepts	Consequences
The student will . . . Discuss ways of avoiding environmental hazards for a developing baby Be better able to provide support to families in which there is an individual with a chronic handicapping condition	The student will . . . Discuss human genetic principles as they affect wellness and illness Discuss common genetic disorders Differentiate between preventable and nonpreventable birth defects Differentiate between a healthy and an unhealthy prenatal environment	The student will . . . Discuss the impact on the family of having a child with a handicapping condition Locate sources of support and assistance for individuals/families with handicapping conditions

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Avoid use/abuse of tobacco, alcohol, and other drugs - Avoid unplanned, undesired pregnancies - Recognize the importance of seeking early prenatal care - Recognize the importance of adequate medical care for newborn and young children - Locate centers that provide prenatal and pediatric care	The student will . . . - Locate centers that provide counseling for people who have been exposed to environmental hazards - Locate centers that provide genetic counseling services - Locate centers that provide family planning services - Identify alternative care resources for individuals with handicapping conditions	The student will . . . - Explain how personal decisions made by potential parents may have a profound impact on their unborn children - Be aware that many birth defects and developmental disabilities are preventable and be able to make appropriate decisions to ensure the well-being of their own children

Objectives for preventing suicide

Human Behavior: To understand the basic factors in human behavior related to depression and suicide: psychological, physiological, and sociological.

Learning Concepts: To know important scientific facts about depression and suicide.

Consequences: To know the probable consequences of suicide to the individual, the family, and the community.

Prevention Responsibilities: To know that the individual, the family, and the community have interrelated responsibilities for the prevention of suicide.

Alternatives: To know personally relevant and satisfying alternative behaviors to suicide.

Decision Making: To be able to employ decision-making skills to make responsible decisions relative to suicide.

Suicide

Statement of the Problem

Suicide is a final and failed solution to problems with other possible alternative solutions. Confused, frightened, depressed, and often believing that no one cares, the victim is overwhelmed by a terrible predicament. Suicide is seen as an escape from misery by someone feeling isolated, helpless, and hopeless. The suicide victim usually does not wish to die but seeks escape from real or imagined woes. The reality of the finality of death is often missing from the victim's perception. This is the ultimate tragedy.

The potential for adolescent suicide exists in all school districts in Iowa. There are no socioeconomic, ethnic, or racial barriers to suicide. Depression usually occurs prior to a suicide or suicide attempt. The depression may be related to changes and/or losses a student, the student's family, or the student's community is experiencing. It can also be caused by biophysical factors that may be related to substance abuse or metabolic disorders. The more informed peers, parents, administrators, instructors, and support personnel are about the warning signals of depression and potential suicide, the more likely a life will be saved. Barry Garfinkel, M.D., in a study of high school students who attempted suicide, identified the following most frequent stressors. They are listed in the order of frequency from greatest to least stressful.

1. Breakup with boyfriend or girlfriend
2. Trouble with brother or sister
3. Change in parents' financial status
4. Parental divorce
5. Loss of a close friend
6. Trouble with a teacher
7. Change to a new school
8. Personal injury or other physical illness
9. Falling grades
10. Increased arguments with parents

Parents, teachers, and adolescent peers are in a position to observe student behavior on a daily basis. Sudden shifts in mood, behavior patterns, or graphic verbal statements, for example, "I hate life," should give cause for concern. (See Appendix G for a list of suicide warning signals.) It is rare but possible that a suicidal student may show few, if any, of the suicidal warning signals. In such cases, family, close friends, and school personnel may all fail to recognize that a student has serious problems until after the suicide has been attempted.

The effort to prevent suicide should be a community concern. A student interacts and communicates with many community systems other than the school. The school, along with the other community systems, shares the responsibility for promoting partnerships and coordinating the provision of prevention services. The community systems that students may interact with are parents, extension service personnel in 4-H programs, clergy, health and human services delivery systems, parks and recreation organizations, etc. All community systems that interact with students have the responsibility to teach skills that promote social and emotional health. These skills need to be taught verbally as well as visually through modeling.

Prevention and Intervention Plan

The prevalence of suicidal behavior and its disastrous consequences have placed a difficult burden upon Iowa's educators. It is stressful enough to work with those students who struggle through stresses and periods of depression and who are not suicidal. Helping a suicidal adolescent is emotionally draining. But nothing so drains as the loss of a life. Thus a suicide prevention and intervention plan developed by a school district should provide a support system for both students and school personnel. The plan must also provide strategies for handling a potential or actual suicide. If a suicide should occur, every effort must be made to discourage the modeling of this behavior or cluster suicides may result. The resources listed in the resource section may be of assistance to school districts in developing a suicide prevention and intervention plan.

Suicide

K-3

Human Behavior	Learning Concepts	Consequences
The student will . . . Identify feelings and how they affect behavior toward others Appreciate self and respect others Identify people who care Identify the effects of stress	The student will . . . Know how losses and changes can affect behavior Identify the signs of depression	The student will . . . Describe simply the difference between life and death and know that death is final

Prevention Responsibility	Alternatives	Decision Making
The student will ... - Identify persons to go to for help (e.g., teachers and school counselors) - Demonstrate peer-helping skills - Exhibit age-appropriate social skills - Identify characteristics of healthy self-esteem - Understand that one can learn from failures	The student will ... - Identify simple strategies to cope with losses and changes - Identify traits of positive role models	The student will ... - Discover processes by which to make responsible decisions - Discover strategies for developing short-term goals - Realize that there is a future

Suicide

4-6

Human Behavior	Learning Concepts	Consequences
The student will ... Identify factors that produce stress and the feelings related to stress Appreciate self and respect others Identify people who care Expand knowledge of the effects of positive and negative stress on the body and ways to alleviate distress Identify how successful people overcome setbacks	The student will ... Expand knowledge of how losses and changes affect behavior Identify the signs of depression Understand the role and effect of medicines and drugs, including alcohol, in depression and suicide	The student will ... Identify the effect of death on self and family and know that death is final

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Identify people and organizations that can help (e.g., school personnel) - Demonstrate peer-helping skills - Exhibit age-appropriate social skills - Identify external factors that might affect self-esteem	The student will . . . - Expand ability to identify strategies to cope with losses and changes - Recall traits of positive role models	The student will . . . - Identify processes by which to make responsible decisions - Be able to develop short-term goals and identify how to develop long-term goals - Identify positive dreams for the future and ways the dreams challenge

Suicide

7-8

Human Behavior	Learning Concepts	Consequences
The student will . . . Identify the feelings and emotions that teenagers may experience Appreciate self and respect others Identify people who care Expand knowledge of the effects of positive and negative stress on the body and ways to alleviate distress	The student will . . . Expand knowledge of how losses and changes affect behavior Recognize and identify the signs of depression and signals of suicide Explain and know the role and effect of medicines and drugs, including alcohol, in depression and suicide	The student will . . . Identify the effect of death upon friends, family, and community

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Identify people and organizations that can help (e.g., school personnel, community agencies) - Demonstrate peer-helping skills in relation to depression and suicide - Exhibit age-appropriate social skills - Develop constructive activities that can build and maintain self-esteem	The student will . . . - Utilize knowledge of healthy strategies to cope with losses and changes - Distinguish between positive and negative role models and identify positive options	The student will . . . - Differentiate between responsible and irresponsible decisions - Be able to develop short-term and long-term goals - Describe the impact of current behavior on future goals and dreams

Suicide

9-12

Human Behavior	Learning Concepts	Consequences
The student will . . . Develop appropriate responses to adolescent feelings and emotions that arise from the transition between childhood and adulthood Appreciate self and respect others Identify people who care Comprehend the effects of positive and negative stress on the body and discuss ways to alleviate distress	The student will . . . Explain and know that losses and changes affect behavior Recognize and identify the signs of depression and signals of suicide Describe and know the role and effect of medicines and drugs, including alcohol, in depression and suicide	The student will . . . Differentiate between the effects of death upon self, friends, family, and community

Prevention Responsibility	Alternatives	Decision Making
The student will . . . - Identify people and organizations that can help (e.g., school personnel, help lines, mental health groups) - Demonstrate peer-helping skills in relation to depression and suicide - Exhibit age-appropriate social skills - Enact constructive activities that can build and maintain self-esteem	The student will . . . - Utilize knowledge of healthy strategies to cope with losses and changes - Distinguish between positive and negative role models and utilize positive options	The student will . . . - Be able to make consistently responsible decisions - Be able to implement short-term and long-term goals - Analyze the impact of current behavior on future goals and dreams

INTERVENTION

Iowa children and youth seldom experience one crisis or problem in isolation from other dysfunctional behavior or high-risk situations. Teen pregnancy, dropping out, substance abuse, running away, juvenile crime, sexual exploitation, child abuse/neglect and suicides occur together with great regularity, as both causes and effects of each other. Children and youth who fall into one "problem/crisis" category have a very high probability of falling into others (See Personal Behavior Matrix). Therefore, any interventions provided by the school must consider the interactive nature of the problems and the psycho-social factors involved in the derivation of such problems.

Personal Behavior Matrix

Personal behavior	Juvenile crime	Substance abuse	Teen pregnancy	Depression suicide	Dropping out
Substance use and abuse	X			X	X
School-age parenting				X	X
Early age of onset of deviant behavior	X	X			X
Juvenile crime		X			X
Dropping out	X	X			
Running away from home		X		X	X
Sexual promiscuity		X	X		

Note: Not represented in the matrix are interactions such as teen pregnancy, substance abuse, and birth defects; sexual promiscuity, substance abuse, and AIDS.

X indicates where clinical experience and research have identified a strong interactive effect/relationship.

Intervention Strategies

Student Assistance Program: Multifaceted Approach

The risk factors and trends indicated for youth in Iowa point the way for school districts to adopt an intervention program. A school-based intervention program seeks to reach students before a crisis. The purpose of a student assistance or intervention model is to provide early intervention for students whose behaviors interfere with their own education and safety or with those of others. An intervention program is designed to provide assistance to students troubled by physical, emotional, social, legal, sexual, medical, familial, or alcohol and drug use problems. A student assistance intervention model identifies and maximizes the utilization of our school and community resources in assisting students and their families. It also increases school and district personnel involvement in helping students achieve their educational potential.

Early intervention may take many forms. Some of the options are to observe conduct, document data, express realistic goals, and implement consequences. There is a need within each school building for a formal, cohesive, and coordinated core team referral process. There are suggested programs and models that schools may wish to consider adapting to their particular district and community needs. The final design should be developed by each school district. The following six key areas are recommended components of a solid, comprehensive early-intervention program.

- **Prevention education** and other activities to develop and maintain healthy life-styles among students
- **Identification** of students in need of assistance, by parent, self, or teachers, who are encouraged to refer students by completing a checklist relating to grades, attendance, behavior, and appearance (see Appendix D)
- **Intervention**, including disciplinary action, to motivate students and families to seek help
- **Assessment**, screening provided by schools and assessment provided by an outside agency regarding the nature and severity of problems
- **Referral to needed services/treatment** by recommending to less restrictive and most appropriate in-school and/or community services
- **Support for change** that provides needed assistance to students desiring healthy life-style change

School Implementation to Encourage Early Intervention

Adoption of a comprehensive K-12 early-intervention model that includes the following components is recommended.

1. Yearly staff inservice, age-appropriate interventions, multicultural-nonsexist awareness, and timeline for implementation
2. Early family involvement to enhance services available
3. Broad coordination of community resources and agencies
4. Inclusion of early intervention in implementing the At-Risk Standard
5. Recognition of the hierarchy of intervention: education, in-school referral, out-of-school referral
6. Support for flexible scheduling of school time for working with the at-risk student

Schools and districts may consult the resource section of this guide for assistance with at-risk students.

At-Risk Statistics

Trends of the 1980s

Substance Abuse

The substance use trends represent data interpretation for tenth grade students in the 1978, 1981, 1984, and 1987 studies conducted by the Iowa Department of Education.

- Marijuana trends include an increase in the number of nonusers, a decrease in the number of regular users, and a decrease in the number of heavy users (10% in 1978; 2% in 1987).
- Other drug trends include an increase in the number of nonusers, a decrease in the number of casual and regular users, and a continuing small number of heavy users (5 to 6%).
- Polysubstance use trends show an increase in the number of nonusers of any substance (32% in 1981; 39% in 1987), a decrease in the number of alcohol-plus-marijuana users, and a decrease in the number of users of three substances.

School Dropouts

The dropout trends represent data interpretation for ninth through twelfth grade students in annual studies from the 1980-1981 school year through the 1986-1987 school year, conducted by the Iowa Department of Education.

- The dropout rate has remained fairly constant (2.4 to 4.4%) overall in the secondary grades.
- The dropout rate for ninth grade, however, appears to be increasing (2.5% in 1984; 3.3% in 1987).

Adolescent Suicide

- Suicide among Iowa's youth has steadily increased in the 1980s in the number and rate for the 15- to 24-year-old age group. (Rate per 100,000: 6.9 in 1980; 10.0 in 1987).
- Of particular concern is the increase in the number and rate of suicides for the 10- to 14-year-old age group. (Rate per 100,000: 1.7 in 1980; 3.1 in 1987).

Adolescent Pregnancy

- In 1987, 9.3% of the live births in Iowa were to teen mothers. Although this is an overall decline in the teen birthrate, there was a rise in the birthrate to 16-year-old and younger mothers.
- Nineteen percent of all births to teen mothers in Iowa in 1984 were second births for those teen mothers.

Effective School Substance Abuse Prevention and Intervention Programs

Several common themes in effective school substance abuse prevention and intervention programs are presented in the following outline.

I. Criteria for Evaluating Effectiveness

- Later ages of onset of "gateway drug" (alcohol and tobacco) use
- Later ages of onset of marijuana and other drug use
- Reduction in the frequency of use of alcohol, tobacco, marijuana, and other drugs
- Increase in the percentage of student populations who are nonusers of any harmful substance (alcohol, tobacco, marijuana, or other drugs)

II. Goal and Subgoals

The primary goal of a substance abuse program is to assist communities in reducing the problems associated with substance abuse, achieved through the following subgoals.

- Reducing substance use and abuse among youth
- Increasing the number of youth seeking help through the school
- Providing earlier and more effective intervention for youth at high risk
- Encouraging youth to adopt more healthful life-styles
- Reducing associated disruptive behaviors that interfere with the learning process during school hours, including fewer absences, and encouraging increased academic performance and completing high school

III. Continuing Issues

- Denial by parents, educators, and community leaders that there is substance use and abuse among youth

- Enabling actions that allow or encourage substance use and abuse among youth
- Despair that substance use and abuse are so ingrained in our society that little can be done to improve the situation
- Financial shortages that make it difficult to start and continue new programs
- Lack of leadership and coordination from school policymakers and individual schools
- "Quick fix" mind-set that implies short-term actions can resolve complex problems
- Discrepancies in individual school programs that need remediation

IV. Components of Comprehensive Programs

- School policies and rules regarding alcohol, tobacco, and other drugs, written, well publicized, and consistently applied
- Helpful interventions with substance-involved students
- Helpful interventions with substance-involved school staff
- Appropriate and sequenced substance education curriculum
- Appropriate and sequenced affective education (Life Skills)
- Faculty competence in substance education
- Faculty commitment and support for substance program
- District and building leadership and coordination of substance program
- Parent participation in school substance program
- Community participation in substance program
- Use of community persons and agencies in substance program
- Assessments and evaluations of substance program
- Programming for such related issues as dropout prevention
- Special locally initiated projects such as parent education and counseling

V. School District Services

- Assistance in curriculum development
- Assistance in planning for necessary program changes
- "Focused" staff inservice training
- Access to appropriate resource materials
- Assistance in conducting research, evaluation, and assessment
- Assistance in interventions with substance-abusing staff
- Involvement of parents and families in prevention efforts
- Assistance in revising school policies and procedures
- Assistance in working with children from chemically dependent families
- Assistance in establishing the school portion of aftercare programs for recovering youth
- Assistance with special projects (e.g., peer helping, Project Graduation)

VI. Values Basic to Substance Education and Intervention Programs*

A clear set of values important to health growth, while not explicitly taught within a

lesson, may be incorporated to provide a basic moral and ethical framework for the entire program.

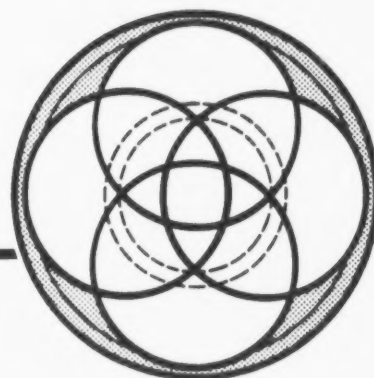
- Self-discipline—appreciating and respecting oneself, one's talents, and potential; persevering to achieve goals; postponing immediate gratification where appropriate
- Health—commitment to a life-style that promotes individual health and that of others
- Respect for others—caring about their feelings, beliefs, privacy, and individuality
- Compassion—empathy and concern for others
- Good judgment—seeking wise counsel, considering alternatives and consequences, and making informed decisions
- Responsibility—making and keeping commitments to oneself and others and having the courage to act with integrity
- Honesty—maintaining open and clear communication and a commitment to be true to oneself and to others
- Family cohesion—commitment to fostering a healthy and supportive family unit
- Trustworthiness—maintaining confidences and keeping commitments
- Involvement—being active in family, social groups, and community

* SOURCE: Quest International, p. R-5.

HUMAN GROWTH AND DEVELOPMENT

SCHOOL IMPLEMENTATION

- **Administrative Support**
- **Staff Development**
- **Parent and Community Involvement**
- **Evaluation**
- **Strategies for Teaching Students with Special Learning Needs**
- **Scenario: Cultivating a Healthy School Culture for
Human Growth and Development**



Administrative Support

In light of the increasing expectations placed upon educational administrators, implementing the Human Growth and Development Curriculum may be viewed either as an additional burden or an unprecedented opportunity. Both viewpoints have two common "support" elements: (1) *administrators need support* in order to lead the staff and community; and (2) *administrators need to support* others as they face this challenge. It is the intent of this section to provide tools and suggestions for both of these support needs.

Tool 1: The Curriculum Guide

This model for curriculum development is to be used as a resource in schools or districts when developing their own curricula. While a curriculum must be developed, this is only a guide to the process and is not written at the level of specificity necessary for use as a teaching manual.

Tool 2: The Inservice Guide

A companion document, *TEAM: Training Exercises and Materials*, has been developed to be used by educators who are training other trainers or staff members on the Human Growth and Development Curriculum. Its focus is twofold: (1) to provide accurate knowledge about the structure and content of the guide; and (2) to raise the individual's level of comfort with the topics addressed in the curriculum.

Tool 3: The Self-Study Tool

A self-study checklist is included (see Appendix H) to help districts assess their position regarding:

- a. Advisory committees
- b. Planning
- c. Articulation, integration, and infusion
- d. Parent and community involvement and communication
- e. Evaluation

This optional self-study contains both those items required by law (Senate File 2094) and the Iowa Standards, marked by an asterisk (*), as well as suggestions that might be considered locally.

Tool 4: The Advisory Committee Flow Chart

While Senate File 2094 designates both the composition and responsibility of the advisory committee for public school districts, the activities of that committee may be determined locally. Whether a school district has chosen to have a separate advisory committee or to combine the function within the needs assessment committee, the public school administrator or designee will need to determine leadership, extent of time, activities, timeline, and level of involvement of the committee. The flow chart represents a possible model for extensive involvement. (See Appendix J.) It is recommended that each district decide the appropriate involvement for each resource community.

Tool 5: Guidelines for Informing the Public about the Human Growth and Development Curriculum

The nature of several of the topics may generate some controversy. Acknowledge that such is inevitable and plan some preventive strategies based on being well informed as an administrator; being open to parents, the public, and the media; and prethinking some response behaviors if controversy does occur. This tool suggests several preventive and response guidelines. (See Appendix K.)

Tool 6: Student Excuse Form

Senate File 2094 provides that upon the written request of a parent or guardian a student can be excused from classes that address human growth topics. While some administrators may prefer that parents develop an original letter when requesting that a child be excused from all or part of the program or class, others may desire a consistent format. One possibility is included in Appendix L.

Staff Development

The two necessary components in effective staff development are (1) involvement of staff, and (2) close alignment with curriculum development. Inservice is one component of staff development, but a broader focus is needed for long-term implementation of the curriculum. Teachers and administrators need to be involved in all phases of curriculum development in order to gain understanding, commitment, and ownership.

The Human Growth and Development Curriculum may be more difficult to implement than most other curricula. The controversial nature of the content may create difficulties. In addition, human growth and development needs to be infused and integrated across the curriculum. It is not limited to the health curriculum. There is much satisfaction, however, to be derived from teaching human growth topics—students have many unanswered questions about these areas. To provide appropriate, positive, and accurate information, and to help students understand their world and their life decisions is immensely rewarding. In order to teach these topics effectively, and to experience the intrinsic satisfactions, staff development must occur.

Inservice

The Iowa Department of Education and the Area Education Agencies have planned inservice and ongoing technical service. The inservice plan includes:

1. **Training of Trainers.** The Department of Education will present two days of inservice, utilizing the companion inservice guide, for designated AEA trainers.
2. **Area Education Agencies Inservice.** Each trainer is responsible for inservicing schools and school district personnel on the state *Human Growth and Development Curriculum Guide*. The curriculum guides will be disseminated during the inservice.
3. **Technical Assistance.** Both the Department of Education and the AEAs will offer technical assistance as needed in order to help implementation.
4. **Periodic Inservice.** Each AEA will offer periodically a staff development program for teachers who provide instruction in human growth and development.

Staff and Curriculum Development

Inservice as one part of staff development meets the need for preparing teachers for the content, materials, and strategies for implementation. As stated previously, long-term staff development

must be tied directly to curriculum development. The plan, therefore, for the integration of staff development needs to be included with the school district's process for curriculum review. For example, the alignment within a five-year cycle might be structured as follows.

Five-Year Curricular Review Cycle

Year 1: Research

STAFF DEVELOPMENT ALIGNMENT

- A. Reading and discussion of relevant literature and research
- B. Identification of gaps in the present curriculum
- C. Development of a district philosophy and goals
- D. Mapping the present curriculum
- E. Organization and synthesis of the mapping activities
- F. Identification of desired revisions and additions

Year 2: Develop/Adopt

STAFF DEVELOPMENT ALIGNMENT

- A. Writing curriculum that includes goals, instructional activities, materials, content, expected student outcomes, and assessment procedures
- B. Determining appropriate infusion and integration of topics within the curriculum
- C. Inservicing of all staff on the new curriculum and selected materials

Year 3: Implement and Monitor

STAFF DEVELOPMENT ALIGNMENT

- A. Implementation of the newly developed curriculum
- B. Development of a monitoring process to assist teachers in the implementation plan

Year 4: Monitor, Review, and Refine

STAFF DEVELOPMENT ALIGNMENT

- A. Continual monitoring of the implementation. Assistance as needed
- B. Review of the present stage of implementation for areas needing revision and refinement

Year 5: Evaluation

STAFF DEVELOPMENT ALIGNMENT

- A. Involvement of all staff who have taught the topics in the curriculum from the perspective of strengths, weaknesses, the issues that need addressing, and the impact of the curriculum on students.

Ultimately the key to effective curriculum implementation is staff involvement. When staff development and curriculum development are closely related, both professional growth and curriculum implementation are enhanced.

Parent and Community Involvement

Background Information

Parents are their children's first and foremost teachers about the importance of school, the value of citizenship, good study habits, and respect for the teaching and learning process. Children also learn from their parents about the school-family relationship, the parent-teacher relationship, and the level of public support for schools. Parents pass along these values without any coaching from the school. Most parents, however, can improve their ability to encourage student success in school with assistance from teachers and principals.

Researchers find that when parents are involved with schools in positive ways, dramatic results occur. Attendance and achievement improve, and parents and students develop better attitudes toward school. Researchers also know children grow up in a web of institutions—family, neighborhood, school, church, social and health agencies that serve children, local government, and private employers. The complex environmental, physical, social, and economic influences operate very much like an ecosystem—namely what happens in one part affects the other parts. The interest of the child is best served when all parts of the ecosystem collaborate and together support the needs of the child. The school can ensure positive results when it involves parents in meaningful ways.

Many educators say they are in favor of parent and community involvement in their school, and yet need help to better implement and integrate the concept. Dr. Don Davies of Boston University, executive director of the Institute for Responsive Education, says, "It seems to be difficult for educators to act on this common-sense notion because schools, like other organizations, tend to be inward-looking and resistant to the involvement of outsiders, such as parents or social service agencies." Educators are understandably uneasy and perplexed about the notions of implementing new initiatives or increasing existing programs for parent and community involvement in their schools. The challenge for parents, children, schools, and the community is to identify new strategies for cooperation.

Five Types of Parent Involvement

"Parent involvement" is a loosely defined term that is used in many effective school reform efforts. Perhaps closer examination of the various roles that parents play with regard to their

children's education will provide insights into philosophical as well as behavioral and organizational change.

In *Beyond the Bake Sale: An Educator's Guide to Working With Parents* (Henderson et al. 1984), the authors grouped parent participation into five basic roles: (1) partners, (2) collaborators and problem solvers, (3) audience, (4) supporters, and (5) advisors and/or co-decision makers. The authors go on to elaborate these roles.

Partners. Parents perform basic obligations for their child's education and social development by registering the child for school, ensuring daily attendance, obtaining necessary medical exams and vaccinations, reading and responding to written communications from the teacher and school, and attending parent-teacher conferences. These regular activities are the core of parent-school relationships.

Collaborators and Problem Solvers. Parents reinforce the school's efforts and help to solve problems with their child by assisting with homework; reacting to absences, truancy, behavioral orientation, and peer group pressure; and acting as the teacher's partner regarding the learning environment. Schools need to examine whether their current policies and practices facilitate or hinder effective parental involvement in problem solving.

Audience. Parents attend and appreciate the schools' (and their child's) performances and productions (open houses, back-to-school nights, plays, exhibits, athletic events, etc.). These activities are designed to draw parents into the school. The level of parent participation in these school-sponsored activities varies from school to school and family to family.

Supporters. Parents provide a wide range of volunteer assistance to their own children's teachers, to the parent organization, and to the school as a whole by serving as room parents; volunteering services in the library or lunch room; making calls; providing tutoring to children in special need; participating in organized parent support groups such as PTA or NSVP; or organizing and instituting "safe block" programs or prevention groups such as MADD and SADD.

Advisors and/or Co-Decision Makers. Parents provide input on school policy and programs through membership in ad hoc or permanent governance bodies. For example, they may create a special advisory council or committee to help resolve a schoolwide problem; respond to state-mandated laws for school accountability using advisory bodies; respond to special federal rules or laws encouraging individual and parental input in school decision making. The number of parents who serve as advisors and/or co-decision makers is small compared to the total number of parents represented in any given community. The most successful parental involvement occurs when parents serve as equal members and do not perform merely perfunctory roles in decision making.

A Checklist for Parent and Community Involvement

Effective organizational change occurs when those most affected, both internally and externally, are involved in the process. External change, especially from parents and community members, should complement internal organizational changes. Parent involvement can be increased in many ways. The first step in implementing a human growth and development curriculum in a

school district is to establish a positive relationship from the very beginning between internal organizational goals and parent interest groups.

To help school districts with the parent and community involvement component associated with the *Human Growth and Development Curriculum Guide*, checklists (Appendix I) have been adapted from *Beyond the Bake Sale: An Educator's Guide to Working With Parents*. The checklists may be viewed as helpful in any staff development, teacher education process, curriculum development, and parent and community support effort. Local school districts are encouraged to use the checklists as creatively as possible to meet particular needs.

Building Support

According to a recent national report issued by the Carnegie Foundation for the Advancement of Teaching, nine out of ten teachers say a lack of parental support is a problem in their schools. Teachers have repeatedly made the point that they cannot do the job alone. School administrators share the teachers' perspectives.

The concept of parent and community involvement in establishing a human growth and development program has a very simple premise—when people are involved and know what is going on, they tend to support their local schools more. Nearly all parents are willing to assist their children, but many are uncertain what to do. The process of developing a human growth and development curriculum is an excellent opportunity for the parent and community involvement process to either begin or expand.

Evaluation

Implementing the state-mandated Human Growth and Development Curriculum is a challenge to most schools and school districts. Because this curriculum focuses on knowledge, attitudes, and behaviors, it needs creative strategies beyond paper-and-pencil tests for a comprehensive evaluation. Through the process of systematically collecting information, better program decisions can be made and data shared with parents and the community.

Several reasons for carefully evaluating a curriculum on human growth and development are adapted from a sexuality study by Kirby (1984).

1. *A human growth and development curriculum is designed and implemented to improve lives of young people in very important ways.* Critical areas in the life processes and other strands of this curriculum involve interpersonal communication, decision making, self-esteem, and others that will reduce too-early sexual activity, unplanned pregnancies, STDs, and general at-risk behaviors.
2. *The curriculum may be controversial.* Conflicts over the effects and merits of a human growth and development curriculum will continue; well-validated evaluation measures will help calm these conflicts.
3. *The process of evaluation will improve the program in terms of clarifying realistic goals.* There are many unanswered questions about mandating a K-12 human growth and development curriculum. What are the long-term effects? Will student attitudes and behaviors change? Will the curriculum reduce the occurrences of unwanted pregnancies or cases of STDs? What curricular topics and activities are most effective?

A strong evaluation component is necessary to attempt to answer these and many other questions that may arise. While positive long-range outcomes are anticipated, the schools through such a curriculum cannot assume total responsibility for resolving complex societal issues.

Quantitative and Qualitative Evaluation

This method of evaluation involves two components. There is a *quantitative*—or metric—emphasis that documents what was done during the class when the curriculum was presented. This may involve records of number of people or hours involved, or the number or kinds of activities used, as well as more formal assessment measurements (test scores, attitude scales, etc.). The second component involves a *qualitative*—or nonmetric—approach. Did the curriculum make a difference

in the school? How is this difference measured?

Both evaluation dimensions include reports of the knowledge, attitude, and skill outcomes gained by students and changes in curriculum and behavior because of these student outcomes. Classroom tests, in addition to the possibility of a few published tests, may be constructed to evaluate student knowledge, attitude, and skill. Choosing the most appropriate item type is critical for effectively measuring outcomes. For guidelines in evaluation and test construction, refer to Gronlund's *Measurement and Evaluation in Teaching*. Evaluative tools on AIDS have been developed by the Centers for Disease Control and the Iowa Department of Public Health. Both collect data on knowledge and at-risk behavior for AIDS. A tool for evaluating the impact of the Human Growth and Development Curriculum is being designed and will be used as a longitudinal collection device by the Iowa Department of Education.

Effective evaluation occurs as a result of preplanning being one component in curriculum development. Using a variety of both quantitative and qualitative assessment instruments allows for better data from which judgments will be made concerning the changes in student learning and behavior as a result of implementing this new Human Growth and Development Curriculum.

Student Evaluation

Student evaluation may take many forms. Sometimes there is an overreliance on test scores that tend to measure content information. Since much of this curriculum is attitudinal and behavioral, the following are some other possibilities for collecting student data:

- behavioral inventories
- attitude scales
- activity logs
- formal or informal discussions with administrators, teachers, and/or students
- observation notes
- testimonials
- newspaper articles
- anecdotal records
- rating scales
- checklists
- case studies
- peer appraisals
- value questionnaires
- self-reports

Program Planning and Evaluation

In addition to student evaluation, planned program evaluation is recommended when implementing a human growth and development curriculum. While much attention is often given to summative evaluation, equal emphasis must be placed on formative evaluation. An ongoing evaluation process will assist in monitoring, revising, and refining the curriculum implementation phase. Both formative and summative data can be gathered to help determine necessary curricular

changes and to report the effectiveness of the curriculum to various public groups.

Advance planning for the human growth and development evaluation component is necessary to ensure both effective implementation and desired results. To help in that planning, a tool designed for self-study is included. (See Appendix H.) It was adapted from the Iowa Association for Supervision and Curriculum Development newsletter insert, "Articulation and Integration." Consideration may also be given to a third-party program evaluation, possibly exchanging people from other districts for external feedback.

A second planning tool, an advisory committee flow chart, is also included (Appendix J). See the administrative support section in this chapter for more tools to help in planning and evaluation.

Strategies for Teaching Students with Special Learning Needs

The following modifications and alternatives to the curriculum are provided to accommodate students with special learning needs. In adjusting for learner differences, it may be necessary to use several, or most, of the suggestions. Each accommodation has its advantages and disadvantages, and the usefulness of a particular accommodation will be determined case by case. The ideas presented are not exhaustive, so it is hoped that additional modifications and accommodations will be used and added to the list as appropriate.

Modification of Course Materials

A frequent problem for students with special learning needs is difficulty in reading. Adjusting for significant differences in student reading ability is essential to a successful program of accommodating learner differences. In most circumstances it will be necessary to use a combination of the alternatives.

- **Lower readability text:** Some publishers provide texts with lower readability levels but the same content. These alternate materials frequently require supplementary teacher-prepared handouts.
- **Highlighting of text:** Highlight the main ideas and critical information in the text to allow the student to focus on the essential material. Different methods of highlighting can be used, depending upon student ability and text.
- **Independent study guides:** Independent study guides outline the major points covered in the text. Key each item to a specific page and paragraph number; the expected response is minimal—short phrases or single sentences.
- **Cassette recordings of text:** Record text material on cassette tape, providing students with the opportunity to listen to rather than read the content. Effective recording uses appropriate breaks for questions and review summaries. Listening guides make this alternative more effective.
- **Study groups:** Organize groups of two to four students to discuss assigned material. This is most effective when accompanied by study packets that guide study and discussion.

Modification of Presentation

Several adjustments can be made in the way content is presented. Reliance on class lecture as the primary method for providing information can present serious roadblocks to students with differing learning styles.

- **Advance introduction of content-specific vocabulary and concepts:** Facilitate comprehension of content by introducing content-specific key vocabulary and basic concepts before expected use in class discussions or application assignments.
- **Listening guides for class lectures:** Focus student attention on relevant information and provide an organized format for note-taking with listening or lecture guides.
- **Preview of assignments:** Preview to focus attention on purpose, motivation, difficult portions, highlighting of key vocabulary and concepts, graphic aids, and the need to reference other materials.
- **Small group activities and projects:** Organize groups of two to four students around question-focused discussions, problem-solving sessions, and projects.

Adjustments in Testing and Evaluation of Progress

Student progress can be assessed in a variety of ways, besides paper-and-pencil tests.

- **Oral tests:** Assess student achievement through oral questioning of student. Creative use of volunteers and paraprofessionals make this alternative viable.
- **Projects:** Projects that require the application of concepts and skills are creative alternatives to traditional testing and encourage long-term retention.
- **Time and coverage of tests:** Adjust the time to complete a written test for students with reading problems and difficulty in writing. Several shorter testing periods rather than one long test accomplishes the same end, but with less stress and pressure.
- **Use of readers and recorders:** Use volunteers or paraprofessionals to read test questions to students with reading problems. They can record the answers dictated by student taking a test.

Environmental Accommodations

Some students require accommodations to the physical arrangement of the classroom in order to provide them the opportunity to participate. Such accommodations can range from positioning the student with a hearing or vision problem where the sensory problem is minimized to locating the student close to the teacher for immediate visual and physical cueing.

Scenario: Cultivating a Healthy Social Culture for Human Growth and Development

Programs, coalitions, and other resources are already making positive contributions to the health of thousands in Iowa. The following scenario is not intended as an ideal model for all schools, but is included here to encourage educators to think creatively about how their schools or district can approach human growth and development in order to promote a healthy culture.

To create a picture of what is meant by a culture of health, we will describe an imaginary school that has adopted a culture-based approach called Iowa Central Community School System (ICCSS). More than five years ago the administrators purchased *How Healthy is Your School?* by Steven Nelson, and based on that book and other information, ICCSS made and continues to make changes that contribute positively to the area of health. The following are some of those changes. They could be adapted to any school.

Changes Made by the School District

- A copy of the Iowa Commission on Children, Youth and Families brochure *100 Ways To Say "Very Good"* was distributed to parents, teachers, administrators, and staff.
- The ICCSS staff refer to money spent for illness as illness care costs, not health care costs. They refer to the annual Health Fair as the Health Superior. The school has an active wellness program with evening and weekend equipment access.
- Human Growth and Development Curriculum is being implemented in health classes as well as infused across the K-12 curriculum.
- The district has a plan for at-risk students that implements services and activities across the curriculum. It functions in coordination with other community agencies.
- The ICCSS wellness plan was presented at the Lakeshore Wellness Conference. The team plan covered healthful snacks, fitness awards for various categories, and special wellness events during the entire year.

Parents Are Involved

- **Dare To Be You**, a primary prevention project for adolescents (grades 8-12) and their parents, was initiated. This project consists of workshops to decrease negative peer pressure and to increase self-esteem, communication, and decision-making skills.
- Regular evening classes are offered to parents on parenting. These are cosponsored by the March of Dimes, PTA, and other local resources in cooperation with community education programs in Area Education Agency classes. A monthly series of workshops on related topics recruits interested parents.
- Parents perceive the school climate as open and receptive to their input. There is frequent home/school communication, and parents act as advisers, decision makers, and partners with the school.

Changes Made in the Buildings

- The schools were transformed over a one-year period into a smoke-free environment. This process is fostered with a free smoking-cessation class for teachers and staff, with incentives for those who quit.
- The bathrooms were carpeted, painted, and wired for improved light. Much student art is displayed and lit with track lighting. Vandalism is quickly repaired. The goal here is to tell the students that they are special.
- The cafeteria staff provides well-balanced and tasty meals, and pop and candy machines now serve nutritious snack choices. Candy is no longer sold to raise money; instead, popcorn, grapefruit, and other items are promoted.
- ICCSS has an annual display on advertising, detailing the ways in which tobacco and alcohol ads coopt health and fitness. The library/media center contains a wellness section with Department of Health and Education publications on nutrition, adolescent health, substance abuse, and other topics displayed and available.
- Biofeedback equipment is available in the counselor's office.

Programs Are Designed for Students

- Since, according to Dr. Shad Helmstetter, youth are told "no" or what they can't do 148,000 times by their eighteenth birthday, at the start of every school day students are told what they *can* do. Messages are submitted by students and are often linked to action steps. On a typical morning, homeroom teachers might read a list of "you can's" such as: you *can* get better grades; you *can* go to college; you *can* lose weight. Or they might focus on a single outcome:

you can get better grades by studying more each day, relaxing before tests, giving a talk on a subject, etc.

- All teen students are given fact sheets that cover sex myths, promote wise choices, list community resources, review consequences, abstinence, the necessity of contraception (if sexually active), dangers of STDs, the relationship between prenatal care and healthy babies, and parenting responsibilities. For example, the sheet notes a teen female can expect to earn an average of \$1,000 more per year for every year she delays pregnancy. Information about the importance of a teen receiving medical and social counseling as soon as possible is available at the local health center.
- The ICCSS intramural program is a very popular one featuring co-ed volleyball, soccer, flag football, basketball, and other sports.
- A peer-helping program has been implemented successfully.
- The school is part of Project Graduation.
- The teen-line number is given to every student.

Teachers Are Supportive

- All physical education teachers and coaches have enrolled in the American Coaching Effectiveness Program, which stresses individual development over winning.
- There is a suggestion box for students. All reasonable ideas are given serious consideration by a review panel of students, teachers, and administrators.
- Exercise is not used as a punishment in PE classes or on any of the teams. Students are encouraged to stretch and deep breath before class or tests. Teachers are often seen exercising during their breaks.
- Students are sent to the principal's office more frequently for achievements than for discipline infractions.

HUMAN GROWTH AND DEVELOPMENT

APPENDICES

A. Senate File 2094

B. Vocabulary for Integrated Dynamic Life Processes

C. Human Sexuality Glossary

Prevention/Intervention

D. At-Risk Referral Form

E. Providing Services for At-Risk Populations

F. Students At Risk: Planning Worksheet

G. Warning Signals of Suicide

School Implementation

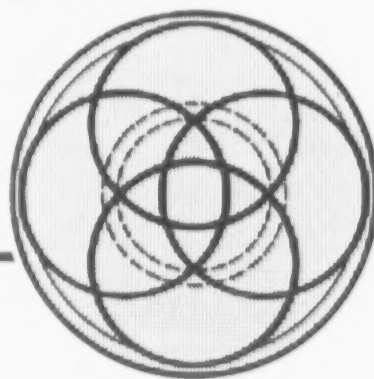
H. Human Growth and Development Self-Study Tool

I. School Checklists

**J. Human Growth and Development Advisory Committee
Suggested Flow Chart**

**K. Guidelines for Informing the Public about the
Human Growth and Development Curriculum**

L. Human Growth and Development Student Excuse Form



Appendix A

Senate File 2094

SENATE FILE 2094

AN ACT

RELATING TO INSTRUCTIONAL REQUIREMENTS FOR HUMAN GROWTH
AND DEVELOPMENT IN GRADES KINDERGARTEN THROUGH
TWELVE AND PROVIDING AN EFFECTIVE DATE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 256.11, subsections 2, 3, and 4, Code Supplement 1987, are amended to read as follows:

2. The kindergarten program shall include experiences designed to develop healthy emotional and social habits and growth in the language arts and communication skills, as well as a capacity for the completion of individual tasks, and protection and development of physical well-being with attention given to experiences relating to the development of life skills and human growth and development. A kindergarten teacher shall hold a certificate providing that the holder is qualified to teach in kindergarten. An accredited nonpublic school must meet the requirements of this subsection only if the nonpublic school offers a kindergarten program.

3. The following areas shall be taught in the grades one through six: English-language arts, including reading, handwriting, spelling, oral and written English, and literature; social studies, including geography, history of the United States and Iowa, cultures of other peoples and nations, and American citizenship, including the study of national, state, and local government in the United States; mathematics; science, including environmental awareness and

conservation of natural resources; health and physical education, including the effects of alcohol, tobacco, drugs, and poisons on the human body, human sexuality, self-esteem, stress management, and interpersonal relationships; the characteristics of communicable diseases, including acquired immune deficiency syndrome; traffic safety, including pedestrian and bicycle safety procedures; music; and art.

4. The following shall be taught in grades seven and eight as a minimum program: science, including environmental awareness and conservation of natural resources; mathematics; social studies; cultures of other peoples and nations, and American citizenship; English-language arts which shall include reading, spelling, grammar, oral and written composition, and may include other communication subjects; health and physical education, including the effects of alcohol, tobacco, drugs, and poisons on the human body, the characteristics of communicable diseases, including venereal sexually transmitted diseases and acquired immune deficiency syndrome, current crucial health issues, human sexuality, self-esteem, stress management, and interpersonal relationships; music; and art.

Sec. 2. Section 256.11, subsection 6, paragraph j, Code Supplement 1987, is amended to read as follows:

j. Health education, including an awareness of physical and mental health needs, the effects of alcohol, tobacco, drugs, and poisons on the human body, the characteristics of communicable diseases, including venereal sexually transmitted diseases and acquired immune deficiency syndrome, and current crucial health issues, human sexuality, self-esteem, stress management, and interpersonal relationships.

Sec. 3. NEW SECTION. 279.50 HUMAN GROWTH AND DEVELOPMENT INSTRUCTION.

SE 2094

1. Each board of directors of a public school district shall appoint a resource committee composed of representatives of the following groups: parents, teachers, school administrators, pupils, health care professionals, members of the clergy, members of the business community, and other residents of the school district deemed appropriate. The resource committee shall study the provision of instruction to pupils in grades kindergarten through twelve appropriate to the pupils' grade level, age, and level of maturity, in topics related to human growth and development in order to promote accurate and comprehensive knowledge in this area, to foster responsible decision making, based on cause and effect, and to support and enhance the efforts of parents to provide moral guidance to their children. The resource committee shall address and make recommendations to the board concerning the school district's curriculum on each of the following topics of instruction:

- a. Self-esteem, responsible decision making, and personal responsibility and goal setting.
- b. Interpersonal relationships.
- c. Discouragement of premarital adolescent sexual activity.
- d. Family life and parenting skills.
- e. Human sexuality, reproduction, contraception and family planning, prenatal development including awareness of mental retardation and its prevention, childbirth, adoption, available prenatal and postnatal support, and male and female responsibility.
- f. Sex stereotypes.
- g. Behaviors to prevent sexual abuse or sexual harassment.
- h. Sexually transmitted diseases, including acquired immune deficiency syndrome, and their causes and prevention.
- i. Substance abuse treatment and prevention.

j. Suicide prevention.

k. Stress management.

2. The resource committee shall make its recommendations regarding the implementation of human growth and development instruction for the school district, including the instructional topics specified in subsection 1, paragraphs "a" through "k", to the school board at least every three years and shall provide written notification to the state department of education.

3. The school board may designate the advisory committee appointed pursuant to section 280.12, subsection 2, as the resource committee to perform the duties required by this section, provided the advisory committee appointed under section 280.12, subsection 2 meets the resource committee composition requirements in subsection 1 of this section.

4. Each school board shall provide instruction in kindergarten which gives attention to experiences relating to life skills and human growth and development as required in section 256.11.

Each school board shall provide instruction in human growth and development including instruction regarding human sexuality, self-esteem, stress management, interpersonal relationships, and acquired immune deficiency syndrome as required in section 256.11, in grades one through twelve. Each school board shall annually provide to a parent or guardian of any pupil enrolled in the school district, information about the human growth and development curriculum used in the pupil's grade level and the procedure for inspecting the instructional materials prior to their use in the classroom. A pupil shall not be required to take instruction in human growth and development if the pupil's parent or guardian files with the appropriate principal a written request that the pupil be excused from the

instruction. Notification that the written request may be made shall be included in the information provided by the school district.

Each school board or merged area school which offers general adult education classes or courses shall periodically offer an instructional program in parenting skills and in human growth and development for parents, guardians, prospective biological and adoptive parents, and foster parents.

5. The state department of education shall make available model human growth and development curricula for grades kindergarten through twelve which shall include the instructional topics specified in subsection 1, paragraphs "a" through "k". The department of education shall distribute the model curricula to each school board, to the authorities in charge of each accredited nonpublic school, and to each resource committee appointed pursuant to subsection 1, and shall provide technical assistance to school boards and resource committees in the use or adaptation of the curricula.

6. Each area education agency shall periodically offer a staff development program for teachers who provide instruction in human growth and development.

7. The department of education shall identify and disseminate information about early intervention programs for students who are at the greatest risk of suffering from the problems of dropping out of school, substance abuse, adolescent pregnancy, or suicide.

Sec. 4. HUMAN GROWTH AND DEVELOPMENT. Rules adopted by the state board under section 256.17 which prescribe standards for accredited schools shall include human sexuality, self-esteem, stress management, interpersonal relationships, the characteristics of acquired immune deficiency syndrome, and give attention to experiences relating to the development of life skills and human growth and development.

Senate File 2094, p. 6

Sec. 5. Section 279.50, subsections 1 through 3 and 5, as enacted in this Act, are amended by striking the subsections.

Sec. 6. Section 5 of this Act takes effect July 1, 1992.

JO ANN ZIMMERMAN

President of the Senate

DONALD D. AVENSON

Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 2094, Seventy-second General Assembly.

JOHN F. DWYER

Secretary of the Senate

Approved _____, 1988

TERRY E. BRANSTAD

Governor

SF 2094

Appendix B

Vocabulary for Integrated Dynamic Life Processes

Validating	Active listening	Dominating
Negotiating	Expectations	Judging
Role-playing	Wants vs. needs	Advising
Facilitating	Feelings	Interpreting
Sharing	Rephrasing	Probing
Similarities	Empathy	Putting down
Differences	Discipline	Sensitivity
Trust	Rules	Conflict
Affirming	Directives	Consensus
Support	Consistency	Power
Reinforce	Alternatives	Self-confidence
Nonverbal/Verbal	Options	Compromise
Inclusion	Choices	Role-reversal
Influence	Demands	Confidentiality
Intimacy	Inconsistent	Criticism
Authority	Punishment	Critique
Leadership	Arbitrary	Dependence
Affection	Unconditional	Independence
Consequences	Positive regard	Secrets
Spontaneity	Time-outs	Gossip
Responsibility	Communication	Success
Win-lose	stoppers	Failure
Win-win	Interrupting	Violence
Individual	Confronting	Nonviolence
Group		

Appendix C

Human Sexuality Glossary

Abortion. Ending of a pregnancy before the embryo or fetus is able to survive outside the uterus. Commonly any termination before 24 weeks is termed an abortion. Expulsion of a dead fetus later in the pregnancy is termed stillbirth. Birth of a living fetus before term is called a premature birth. Usually an infant born prior to 38 weeks of gestation or weighing less than 5 1/2 pounds is considered a premature infant. Abortions can be classed as spontaneous (happening without outside help) or induced (caused by an outside force or agent). Miscarriage is a popular term for spontaneous abortion.

Abstinence. Refraining from all types of sexual intercourse (oral, anal, and vaginal).

Acquired immune deficiency syndrome (AIDS). Characterized by a defect in natural immunity against disease, caused by having blood infected with the Human Immunodeficiency Virus (HIV). People who have AIDS are vulnerable to serious illnesses that would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as opportunistic infections or diseases.

AIDS. Acquired immune deficiency syndrome. Classified as a fatal disease.

Airborne. Suspended in, transported by, or spread by air, as an infectious disease or a pathogen.

Anal intercourse. Insertion of the penis into the rectum.

Antibody. A substance that is produced in response to an antigen.

Antibody test. A test that does not actually diagnose AIDS, but does show infection with the virus. This test looks for antibodies to human immunodeficiency virus (HIV) in the blood. The presence of antibodies means that a person has been infected with the HIV virus. This antibody test is also used to screen donated blood and plasma. The test is available to individuals at local health departments and private physicians' offices in Iowa.

Antigen. A substance foreign to the body that stimulates the production of antibodies to combat its presence.

Anus. Opening of the rectum to the outside of the body.

Asymptomatic. No noticeable signs or symptoms.

Bacteria. Microscopic organisms that survive on their own and may produce disease in humans.

Birth. The act of being born. In human beings this takes place approximately nine months after conception. The beginning of the birth process is indicated to the mother by the rhythmic contractions of the muscular walls of the uterus. The contractions become stronger and more frequent and are the force pushing the baby from the uterus through the birth canal. The cervix of the uterus stretches to allow the baby to move through it and through the expanded vagina and finally to leave the mother's body through the vaginal opening. Usually the baby moves through the birth canal head first. The process is called labor and is completed when the baby is born and the placenta is expelled. *See also* Gestation.

Birth control. *See* Conception control.

Bisexual. A person whose sexual preference includes both men and women.

Body fluids. Blood, urine, semen, vaginal fluids, saliva, tears.

Carrier. A person who is infected by a germ but has no noticeable signs or symptoms.

Casual contact. The usual daily interaction between people at work, in school, and in social situations.

Cell. Basic unit of living material capable of functioning independently.

Cervix. A derivation of the Latin word meaning "neck." In the reproductive organs it refers to that portion of the pear-shaped uterus that extends into the vagina. *See also* Uterus.

Chicken pox. An acute generalized viral disease with sudden onset of fever, constitutional symptoms, and a skin eruption.

Chlamydia trachomatis. Intracellular parasites associated with the urogenital tract. Infections caused by *chlamydia trachomatis* are now recognized as the most prevalent—and are among the most damaging—of all STDs seen in the United States today. Chlamydia infections are most often spread by direct sexual contact. Babies can acquire chlamydia during birth if the mother is infected. Symptoms may appear within two weeks to one month after exposure and are often similar to those of gonorrhea, possibly including:

In men: Discharge from the penis and/or burning when urinating
Burning and itching around the opening of the penis may be present early in the day.

In women: Vaginal itching or discharge
Chronic abdominal pain, bleeding between menstrual periods, and/or low-grade fever.

Many men and most women will exhibit no noticeable symptoms. Chlamydia can be treated; because it is often present with other sexually transmitted diseases, doctors may prescribe medication that can cure several infections at the same time.

Circumcision. A surgical procedure in which the loose skin (foreskin) that surrounds the extremity of the penis is cut away.

Climax. *See* Orgasm.

Clitoris. A small female sex organ that is sensitive to touch and other stimulation and responds by becoming slightly enlarged, firm, and erect. It is located above the urethra. Stimulation of the clitoris (alone or in conjunction with vaginal stimulation) may produce orgasm.

Coitus (copulation). *See* Sexual intercourse.

Communicable disease. A disease that may be transmitted directly or indirectly from one individual to another.

Conception (fertilization). The beginning of a new life, occurring when the nuclei of an ovum and a sperm cell unite. When the mature ovum is released from the ovary it is generally swept into the fallopian tube, through which it travels toward the uterus. Numerous sperm cells are released in the vagina during ejaculation and some make their way into the uterus and may travel into the fallopian tubes. If an ovum is present in the tube, one sperm cell meeting and penetrating the egg cell accomplishes fertilization. The ovum and the sperm each contribute an equal number of chromosomes to establish the hereditary characteristics of the embryo and determine its sex.

Conception control (birth control). Conception may be prevented by using natural or artificial means. Natural methods are those that ensure that no sperm cells will be deposited in the female at any time when there may be a living egg cell present. For example, abstaining from sexual intercourse immediately prior to, during, or following ovulation, often called the *rhythm method*, or interrupting sexual intercourse before ejaculation, withdrawing the penis before sperm cells are released in the vagina, also called *coitus interruptus*. The latter method does not take into account the fact that many sperm may escape before withdrawal and ejaculation; it is not always an effective method. There are other natural family planning methods (*symptothermic method*, *temperature method*, *ovulation method*) that require more conscientious effort on the part of the user.

Artificial means include the use of drugs, chemicals, or devices to prevent fertilization or prevent the fertilized egg from embedding in the uterine lining. The most common are:

condom: thin latex sheath placed over the erect penis to collect the semen ejaculated;
diaphragms or *cervical caps*: dome-shaped rubber covers placed over the open cervix preventing semen from entering it; used with a spermicidal jelly;

medications or chemicals: introduced into the vagina before intercourse to kill or immobilize sperm or to block the entrance to the uterus;

oral contraceptives: hormone products taken by mouth on a regular prescribed schedule to prevent ovulation;

IUD (intrauterine device): usually a plastic or metal loop or spiral introduced into the uterus to prevent a fertilized ovum from embedding (settling and fastening in a particular

location) in the uterine lining. The device may remain in place for an extended period of time.

Conception control methods vary in dependability. When properly used, some approach 100 percent effectiveness. Medical consultation is advisable to determine the means best suited to an individual's needs.

Condom. Latex sheath used to cover the penis during intercourse.

Contraceptive. Any device or material used to prevent pregnancy. *See also* Conception control.

Cowper's glands. A pair of small glands lying alongside and discharging into the male urethra.

Deep kissing. An open-mouth kiss involving tongue-to-tongue contact.

Disease. An unhealthy condition of mind or body.

Ejaculation. The forceful discharge of semen by the male during sexual excitement. During sexual intercourse it occurs at the time of the male orgasm. It may also happen during sleep in what is called a nocturnal emission or as a result of masturbation to the point of orgasm.

Embryo. The developing human being from the time it settles in the lining of the uterus until three months after conception. *See also* Fetus.

Epidemiology. The branch of medical science that investigates the causes of epidemics and determines methods to control them.

Erection. Erection is a normal result of sexual arousal. In the male, the penis, which is usually soft and limp, can become enlarged, firm, and erect when a circulatory change allows quantities of blood to flow into and fill normally spongy tissue. Although erection makes ejaculation possible, it does not necessarily result in ejaculation. In the female, the clitoris and nipples may experience erection.

Exhibitionism. A marked tendency to attract attention by showing the external sex organs and thereby self-gratify sexually. Another kind of exhibitionism expresses itself when a girl chooses to wear an extremely transparent outfit or a young man wears very tight trousers. Even more common are everyday actions to call attention to self.

Fallopian tubes. A pair of small tubes opening near each ovary and leading to the cavity of the uterus. Each is a passageway through which ova move toward the uterus and through which sperm may travel beyond the uterus.

Fetal alcohol syndrome. A characteristic pattern of growth and development resulting from prenatal exposure to alcohol, including growth deficiency, increased risk of birth defects, abnormal learning and behavior, and characteristic appearance.

Fetus. A developing human being from three months after conception to birth.

Foreskin (prepuce). Loose folds of skin covering the glans (extremity or tip of the penis).

French kissing. *See* Deep kissing.

Gene. Unit of genetic information consisting of DNA.

X-linked dominant genetic trait or disorder: One that can be transmitted from parent to child by a single altered gene located on the x chromosome.

X-linked recessive genetic trait or disorder: One that can be transmitted by a carrier female to her sons.

Prenatal environment: The intrauterine environment provided for the developing baby.

Multifactorial traits: Birth defects that are due to combinations of genetic and environmental factors.

Genetics. Hereditary features or makeup of an individual group or kind.

Chromosome: a package of genetic material composed of a strand of DNA along which hundreds to thousands of genes may be located.

Autosomal dominant: a genetic trait or disorder that can be transmitted from parent to child by a single altered gene located on one of the autosomes (nonsex chromosomes).

Autosomal recessive: a genetic trait or disorder that can be transmitted when both parents (who are carriers) pass an altered recessive gene located on one of their autosomes to an individual child.

Germ. A virus, bacterium, yeast, or fungus that can cause disease.

Gestation. The carrying of young in the uterus. Also the period of approximately nine months during which the young is developing in the uterus. Following conception, the embryo embeds in the lining of the uterus and becomes enveloped in a thin tissue sac filled with fluid that buffers it from bumps and allows movement. The fetus receives food materials and gets rid of chemical wastes through the blood vessels of the umbilical cord that end in the placenta. *See also* Placenta.

Glans. The sensitive tip of the penis and the clitoris, stimulation of which causes general sexual excitement and arousal throughout the whole body.

Gonorrhea. A sexually transmitted disease. Symptoms usually appear within two to ten days following exposure to an infected partner and consist of a white or yellow pus-like discharge accompanied by painful urination. Many people, especially women, do not have symptoms. It is also possible to contract gonorrhea in the throat, rectum, and in the eyes. If left untreated, gonorrhea may spread and enter the woman's tubes and ovaries, causing pelvic inflammatory disease (PID). The tubes may become partially or totally blocked by scar tissue, resulting in sterility. This scar tissue prevents the egg from moving through the tube to the womb. The symptoms of pelvic inflammatory disease are abdominal pain, increased

menstrual cramps, lower back pain, nausea, vaginal discharge, burning during urination, chills, and low-grade fever.

Helper cells. Cells that trigger the immune system to fight off infections caused by germs.

Hemophilia. A hereditary clotting disorder characterized by excessive, sometimes spontaneous, bleeding.

Herpes simplex. A sexually transmitted disease. The incubation period begins with the first exposure to the virus and lasts until the symptoms appear, generally two to ten days after exposure. A person may notice itching or pain in the genital area along with a burning sensation when urinating. A vaginal discharge may be present in the female. Usually, within a week small and painful blisters and or sores appear in the vagina, cervix, urethra, or anal area in women and on the penis or around the anus in men. The sores form a crust and heal without scarring. Local swelling and flu-like symptoms (such as fever, sore throat, headache, and fatigue may also be present). The symptoms usually disappear within three weeks but may recur.

Heterosexual. A person who is sexually attracted to the other sex.

HIV. Human Immunodeficiency Virus. The germ that leads to AIDS. A virus that weakens the body's protection against disease. A person who has HIV, even without physical symptoms, can pass it on to others.

HIV dementia. Disruption of mental status, directly related to the presence of Human Immunodeficiency Virus. One of the diseases listed in the formal definition of AIDS by the Centers for Disease Control.

Homosexuality. Sexual interest in and psychological response to a member of the same sex and/or physical contact leading to a physical sexual response that results in orgasm. A male who regularly chooses to be involved with another male or males in such experiences is called a homosexual or gay; a female who repeatedly chooses such involvement with another female or females is called a lesbian.

Hormone. The chemical product of an endocrine (ductless) gland, distributed through the body via the bloodstream. The pituitary gland, an endocrine gland located at the base of the brain, produces hormones that regulate the ovaries and testes. The sex glands themselves also serve as endocrine glands producing hormones responsible for sexual differences and responses in the female and male.

Hymen. A fold of thin membrane covering a portion of the entrance to the vagina. It may, but does not always, remain intact until the vagina is entered during the first sexual intercourse.

Illicit drugs. Illegal drugs such as heroin, cocaine, crack, etc.

Immune system. A body system that protects from diseases.

Immunity. A body's natural ability to fight off infections.

Implantation. The process in which the fertilized egg attaches itself to the wall of the uterus.

Incubation period. The period between first exposure to an infection and the appearance of symptoms.

Infection. Action of the germ (bacteria or virus) causing disease.

Inherit. The acquisition of characteristics or qualities by transmission from parent to offspring.

Intravenous. Into the vein.

Kaposi's sarcoma (KS). A rare form of cancer often acquired by persons with AIDS.

Labia. The fleshy liplike folds that surround the clitoris and the urethral and vaginal openings of the female.

Lymphadenopathy. Swelling of the lymph glands.

Making out. A term in common use and with varied meanings including succeeding or accomplishing. At the junior high level it usually refers to kissing and other light physical contact. At the high school level it normally includes what formerly was referred to as necking and petting and may sometimes include fondling of the breasts and touching the genitals. Frequent, prolonged, and intimate making out often leads to further sexual activity such as mutual masturbation and other sex play short of introducing the penis into the vagina, as well as to sexual intercourse itself. *See also* Petting.

Mammary glands. The milk-producing glands that constitute most of the female breast.

Masochism. A tendency to take pleasure in physical or mental suffering inflicted on one by oneself or by another or in the practice of extreme self-denial/self-punishment. As it relates to sex, it is a need for pain (emotional, physical, or both) during sexual stimulation in order to enjoy the relationship (or the deriving of sexual satisfaction through experiencing pain of any kind without any accompanying sexual stimulation). The need is usually present to a degree that does not dominate the personality.

Masturbation. Stimulation of the external genital organs by touch or means other than intercourse and commonly resulting in orgasm. Approximately 80 percent of adolescent boys and 60 percent of adolescent girls masturbate. Although there is no evidence to indicate that it results in any physical harm, it may produce unnecessary feelings of guilt and anxiety among adolescents.

Measles ("German," "Three Day," or "Rubella" measles). A mild infection in children; a major tragedy in pregnant women that can cause miscarriage and stillbirth or severe birth defects including blindness, deafness, and damage to heart, brain, and other organs.

Measles ("Ten Day," "Red," or "Hard" measles). A serious, highly contagious disease that can cause brain damage, mental retardation, pneumonia and other respiratory problems, ear

problems, or death.

Menopause. That point in life when the ovaries cease ovulating. Conception is no longer a possibility. Menopause normally occurs when the woman is from 45 to 52 years of age. *See also Menstruation.*

Menstruation. A discharge of blood, secretions, and a small amount of tissue debris, including the unfertilized ovum, from the uterus through the vaginal opening, occurring at approximately four-week intervals and accomplished on an average in a three- to five-day span. It represents the readjustment of the environment in the uterus in response to nonfertilization. Menstruation begins at puberty and soon a normal pattern for the individual develops. It continues in women as long as ovulation continues. *See also Menopause.*

Miscarriage. A term in popular usage for the expulsion of the embryo or fetus before the eighth month of pregnancy. *See also Abortion.*

Monogamy. A one-to-one relationship.

Mumps. An acute viral disease with painful swelling around the jaw that can cause central nervous damage, deafness, painful inflammation of the male sex glands, kidney inflammation, and infections in other major organs.

Navel. The small scar, usually a depression in the center of the abdomen, marking the place where the umbilical cord led away from the fetus.

Necking. Embracing, kissing, and fondling another person.

Nocturnal emission (wet dream). The release of semen occurring during sleep, common to adolescent boys. *See also Semen.*

Noncommunicable disease. A disease that is not transmitted from one individual to another.

Opportunistic disease. Disease that can develop when the immune system is not functioning.

Oral-anal sex. Touching a partner's anus with the mouth.

Oral-genital sex. Touching a partner's genitals with the mouth. Commonly called oral sex.

Oral sex. Refers to oral-genital sex.

Orgasm (climax). The high point of sexual excitement during sexual intercourse and followed by relaxation. In the male, ejaculation occurs at the time of orgasm.

Ovary. One of a pair of almond-shaped sex glands producing ova on a schedule that generally delivers one ovum each month to the uterus and also producing hormones that prepare the uterus to receive the fertilized ovum.

Ovulation. The discharge of a mature ovum from the ovary, following which the ovum is generally drawn into the fallopian tube.

Ovum (plural: ova). The egg cell developed in the ovary.

Pap test (Papanicolaou Smear). A cytological test for the detection and diagnosis of various conditions, particularly malignant and premalignant conditions of the female genital tract (cancer of the vagina, cervix, and endometrium).

Penis. The male sex organ of copulation and urination, containing the channel through which semen is ejaculated and through which urine is eliminated.

Petting. Embracing, kissing, and fondling; lovemaking normally including touching the genital organs; part of the normal preparation for sexual intercourse but not including intercourse. (Petting as a term appears to have been replaced by making out.)

Placenta. An organ developed in the uterus during pregnancy. It is mainly a dense network of blood vessels, some from the mother and some from the fetus, where food and oxygen supplies brought by the blood of the mother may be transferred to the circulatory system of the mother for eventual elimination. *See also* Gestation.

Pneumocystis carinii pneumonia (PCP). A lung infection having symptoms similar to severe pneumonia.

Pregnancy. The condition of containing unborn young within the body. The period between conception and birth, approximately nine months for humans. *See also* Gestation.

Prostitution. A business wherein a person engages in sexual intercourse for profit. The term is usually used for a female, but a male may also sell his sexual services to women or to homosexuals for a fee. One who practices prostitution is called a prostitute.

Puberty. The period, begun and promoted by production of hormones, during which a child undergoes rapid and dramatic sexual changes, apparent physically and otherwise, and when it is physically possible to become a parent. Puberty makes itself evident in girls beginning at age 11 (or earlier or later) and in boys one to five years later (or earlier or later). Both girls and boys experience rapid body growth and growth of hair in armpits and pubic area. Girls experience widening of hips, development of breasts, and onset of menstruation. Boys experience widening of shoulders, change of voice, growth of whiskers, and enlargement of penis and scrotum. When puberty begins and how fast it develops varies greatly with individuals, often causing some anxiety on the part of those in whom it does not happen early and some self-consciousness and unease among those in whom it does. There is a new attraction to the opposite sex.

PWA. Person with AIDS. An acronym sometimes used to identify a person who has contracted AIDS.

Sadism. Delight in physical or mental cruelty. In a sexual connotation it is a need to inflict pain

(either physical or emotional) on a sex partner in order to enjoy and sometimes to be potent in sex relations. Psychologically the term has become so broad as to include any securing of pleasure through inflicting pain on another.

Scabies. Scabies is a contagious itch caused by female mites that burrow under the skin to deposit eggs. The larvae hatch within a few days and congregate around hair follicles. Scabies is readily transmitted by intimate contact with an infected individual. In some instances, scabies is transmitted by sexual contact. Itching, especially at night, is present wherever the burrowing parasite is found. Usual sites of infestation are between the fingers, on the wrist, armpits, breast, buttocks, thighs, penis, and scrotum. The characteristic initial lesion is the burrow, appearing as a fine, wavy dark line.

Scrotum. The sac or pouch suspended immediately behind the penis and containing the testes and tubes leading into the body.

Semen (seminal fluid). A whitish, viscid (sticky) fluid containing sperm and secretions of the male reproductive system.

Seminal vesicle. One of a pair of small sacs that store sperm cells and secrete some other components of semen, having a duct opening into the vas deferens a short distance before the junction within the urethra.

Sexual intercourse. Sexual union involving the penis in the vagina. The union of the penis and anus (anal intercourse) is considered sexual intercourse by some.

Sexually transmitted diseases (STDs). The so-called "classical" venereal diseases (syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale), in addition to other conditions many physicians consider to be associated with sexual activity (herpes, venereal warts, nongonococcal urethritis, trichomoniasis monilia, etc.)

Sperm (spermatozoon). The male sex cell composed of a very tiny head and whiplike extension called a flagellum that propels the cell along independently. Sperm produced in the testes continually become mature cells at the rate of 10 to 30 billion a month.

STD. Sexually transmitted disease.

Symptoms. Subjective evidence of an illness. Changes in a person's health that can be seen or felt.

Syphilis. A sexually transmitted disease. The first stage usually appears three weeks after exposure and consists of a painless eruption around the sex organs or mouth. The second stage consists of a rash, temporary hair loss, fever, and sore throat. It is important to remember that the external symptoms of early syphilis disappear *without* treatment. At this stage the disease is referred to as being "latent" (hidden) and the doctor will often take a blood test to help make a diagnosis. A great number of people who are infected with syphilis notice no symptoms at all, so a test for syphilis is necessary.

Testis (plural: testes). One of a pair of male sex glands, located in the scrotum, producing sperm cells and hormones.

Transsexual. A person who, although genetically and anatomically of one sex, feels his or her personality, interests, and inclinations to be aligned with what is more normal for the opposite sex. Such an individual feels his or her personality is trapped in a body of the wrong sex. It is characteristic of the condition that the person seeks to have his or her sex changed surgically, insofar as this is possible.

Transvestite. One who adopts the dress, manner, and frequently the sexual role of the opposite sex.

Umbilical cord. A tubular structure containing large blood vessels and leading from the fetus to the placenta.

Urethra. The tube through which urine passes from the bladder to the body opening. In the female it is relatively short; in the male it is longer in that it traverses the length of the penis to the external opening. The male urethra is also the passageway for semen entering it from the vas deferens.

Uterus (womb). A pear-shaped muscular internal organ of the female reproductive system located in the lower abdominal region. The place where the fertilized ovum normally develops. The muscular walls have two purposes: stretching to make a sac big enough for the growing fetus and muscular contraction to provide the power to push the fetus down the birth canal at the end of the gestation period. *See also* Gestation.

Vaccine. A liquid substance that contains dead or weakened bacteria or viruses given to a person (vaccination) to produce immunity to an infectious disease.

Vagina. Passage leading from the uterus to the outside of the body. Its outside opening lies between the urethra and the anus.

Vaginal intercourse. Sexual union involving the penis in the vagina. Commonly called sexual intercourse.

Vas deferens. A fine tube through which sperm and other components of semen are carried to the male urethra from their points of origin.

Venereal warts. Veneral warts are usually pink or red and soft initially. As they grow they may take on a cauliflowerlike appearance. The virus causing venereal warts is usually transmitted by vaginal, anal, or orogenital sexual activity. The probability of developing venereal warts after sexual intercourse with an infected partner is 60 percent to 70 percent.

Virgin. Any person who has not engaged in sexual intercourse. The term is more generally reserved for females.

Virus. The causative agent of an infectious disease, submicroscopic, very simple or very

complex, typically containing a protein coat surrounding a RNA or DNA core of genetic material but no semipermeable membrane; capable of growth and multiplication only in living cells. Viruses cause various important diseases in humans, lower animals, and plants.

Vulva. All the external, visible parts of the female sex organs.

Appendix D

At-Risk Referral Form

At-Risk Referral Form

This sheet is designed as a communication aid.

It is necessary for you to take a look at your students and be a relater of *observable behavior* to the designated contact person. If a student exhibits several of the following it may indicate a problem and the need for a referral. In some instances, the behavior needs immediate attention. If a troubled student is going to be helped, it is necessary for a faculty member to communicate any of the observable behavior listed below. Due process necessitates that this information, if requested, will be made available to the student or parent. Please place it in an envelope marked **CONFIDENTIAL** and put it in the contact person's mailbox; or make personal contact if immediate attention is necessary. If you have already taken action on any of the behaviors, please note on the back (e.g., parent contact, student conference, etc.).

STUDENT _____ DATE _____

GRADE _____ PERSON REFERRING _____

Check appropriate responses

A. Grades

- ☐ Lower grades, lower achievement
- ☐ Academic failure
- ☐ Frequent incomplete assignments
- ☐ Lack of motivation, apathy

B. School Attendance

- ☐ Absenteeism
- ☐ Tardiness
- ☐ On absence list but in school
- ☐ Suspension
- ☐ Frequent schedule changes
- ☐ Frequent excuses from physical education
- ☐ Frequent visits to nurse or counselor

C. Extracurricular Activities

- ☐ Loss of eligibility
- ☐ Increasing noninvolvement
- ☐ Dropped out

D. Physical Symptoms

- ☐ Staggering or stumbling
- ☐ Smelling of alcohol or pot
- ☐ Vomiting
- ☐ Glassy, bloodshot eyes; dark glasses
- ☐ Uncoordinated
- ☐ Slurred speech
- ☐ Lessened attention to hygiene and appearance
- ☐ Sleeping in class
- ☐ Physical complaints
- ☐ Physical injuries; bruises

E. Behavior: Criminal/Legal

- ☐ Selling drugs; exchanges of money
- ☐ Possession of drugs and paraphernalia
- ☐ Involvement in thefts and assaults
- ☐ Vandalism
- ☐ Carrying weapons
- ☐ Smoking

F. Behavior: Disruptive or Atypical

- ☐ Defiance of rules; constant discipline needed
- ☐ Irresponsibility, blaming, denying
- ☐ Fighting
- ☐ Cheating
- ☐ Throwing objects
- ☐ Defiant littering
- ☐ Sudden outbursts; verbal abuse
- ☐ Obscene language, gestures
- ☐ Dramatic attention getting
- ☐ Mood swings
- ☐ Crying
- ☐ Depression; low affect
- ☐ Withdrawn, noncommunicative
- ☐ Constantly in wrong area
- ☐ Extreme negativism
- ☐ Hyperactivity, nervousness

G. Behavior: Personal

- ☐ Student reports or shows signs of child abuse
- ☐ Student talks about suicide, death, or gives clues
- ☐ Student reports threats to personal safety
- ☐ Student exhibits premature sexual knowledge/behavior

Appendix E

Providing Services for At-Risk Populations

The recommended worksheet for local education agencies uses a planning format that is based on the Iowa standard for at-risk student services. The standard emphasizes major components to be addressed by local education agencies. The components include identification of students, supplemental instruction for students, all school personnel involvement, inservices for all staff, parent involvement, a monitoring system, counseling services, community services coordination, and compliance with nondiscrimination. The format breaks out these nine components and asks local practitioners to list existing activities in their schools that relate to the nine components. Activities are classified by level (elementary, junior high, senior high) under each of the nine components. This results in building a picture of what is happening and what may need to be strengthened to improve services. The process of completing this format is projected to assist local education agencies to identify needs that can be used to develop three- to five-year plans for improvement of services.

District/School:
 Address:
 Contact person:
 Phone:

		Provision of					
		Identification of Students			Supplemental Instruction for Students		
Activity		E	JHS/MS	HS	E	JHS/MS	HS

[illegible]

Appendix F

Students At Risk: Planning Worksheet

Serving students at risk is a complex problem requiring multiple strategies. This worksheet was developed to serve as a tool to analyze existing services and to project needed services. Over time any one district may address all categories or select categories of service that best meet student needs and match local resources. The worksheet was meant to be revised and modified to accommodate new information and strategies or to best meet the needs of planners in local districts. It is hoped the instrument will help to chart a multidimensional districtwide program for serving at-risk students at different levels.

A functional definition of at-risk students is provided here and does not emphasize the unique characteristics of each label we have attached to children. Instead, it gives a working definition of "at-risk," which in itself is a label that we might best not use a great deal. It may be better to use "students with potential" when working at the local level.

At-Risk Students: Any student identified who is at risk of not meeting the goals of the educational program established by the district, completing a high school education, or becoming a productive worker. These students may include, but are not limited to, those identified as: dropouts, potential dropouts, teenage parents, substance users and abusers, low academic achievers, abused and homeless children, youth offenders, economically deprived, minorities, culturally deprived, culturally different, those with sudden negative changes in performance due to environment or physical trauma, and those with language barriers, gender barriers, and disabilities.

—Dr. Raymond E. Morley
Department of Education, 1988

Service	Populations
Early Intervention Preschool	Disadvantaged (low income, AFDC); Limited English Proficient (LEP); culture barriers; disabled
Monitoring System	Low achievers; tardy; little or no extracurricular activity; low income; language barrier; few friends; culture differences
Transition Programs	Elementary to junior high, junior high to senior high, senior high to work or further education
Consistent Discipline	All students in need of understanding behavior and consequences before occurrences (behavior problem students)
Parent Programs for Helping Parents Help Their Children Learn	Disadvantaged; LEP; minorities; cultural differences; those parents who need help to help their children learn
Schoolwide Recognition of Academic, Personal/Social and Career Development	Students who make advancements in all or only one area and who need reinforcement for making progress
Teacher or Computer-Based Tutorial Assistance	Students who are not succeeding in a given class or classes
Pull-Out Remedial Programs	Students who are one or more years behind in academic achievement
Reinforcement Incentives Programs such as: If each teacher would reach out to one student, or if all teachers concentrated on providing more positive reinforcement statements to students, or if positive notes go home from school on a daily or weekly basis	All students who need 10 to 20 times more positive reinforcement to maintain motivation
Small Classes/Ratios of 1/12 or less	Students who need to learn English (LEP); students in need of remediation or extensive tutoring; returning dropouts
Shared Counseling by All Staff—Weekly group meetings, homeroom meetings, and/or individual initiatives	Potential dropouts; language and cultural barriers; returning dropouts; behavior problem students, students in crises (pregnancy, delinquency, illness, etc.)
Peer Counseling	Potential dropouts; language and cultural barriers; returning dropouts; behavior problem students; students in crises (pregnancy, delinquency, illness, etc.)
Peer Tutoring	LEP; low academic achievers; students in crises (pregnancy, illness, delinquency, teacher personality clashes, etc.)

Elementary	Junior High/Middle	Senior High	Needs

Service	Populations
Positive Attendance Support Program (calls to parents quickly, home visit truants, telephone wake ups, home pickups, transport to school, reentry assistance after prolonged absence)	Truant and tardy students; students returning to school after prolonged absences
Longer School Days	Students needing tutorial or remedial assistance or more time to accomplish work
Evening School	Students needing to work and go to school; pregnant students; students repeating classes or needing additional assistance
Weekend Classes	Students needing to work and go to school; pregnant students; students repeating classes or needing additional assistance
Summer School	Students needing to repeat courses, to complete make-up work, to have tutorial assistance, or to be given added time to complete tasks due to illness or other prolonged absence
Modified Class Schedules	Students who cannot handle a full load of classes; students who need to establish some success before trying a full load
Time-Out Counseling Center	Students in crises (fighting, teacher conflict, fear of intimidation, etc.); students needing personal attention
Truancy Center: alternative to suspensions—students complete coursework in segregated room until ready for regular class	Students who are chronic truants or tardy; students who would normally be suspended for various reasons
Modification of Teaching Techniques in All Classrooms—evaluated by principal, documented by teachers	Students not succeeding or receiving grade D or below or unsatisfactory grades; Limited English Proficient (LEP); disabled; cultural differences
Schools of Choice—alternative schools, performing arts schools, magnet schools, vocational schools, schools in neighboring districts, community colleges, traditional schools	Students who have special talents, interests or abilities; students who need a change in environment—a second chance; dropouts who will not return to regular high school; potential dropouts; LEP who need to learn English; students from different cultures or settlements (e.g., American Indian)
Programs for Non-English-Speaking/Immersion Programs	Students needing to learn English before getting involved in instruction programs
Bilingual Classes	Students needing tutorial help in their native tongue to succeed in existing classes

Elementary	Junior High/Middle	Senior High	Needs

Service	Populations
In-Class Remediation	Students deficient in skills necessary to succeed and understand subject matter
Work Experience Programs	Students who need to work but want to succeed in school
Work Exploration Programs	Students who need to establish postschool plans and/or goals; students who need assistance in choosing their high school classes so that their education is meaningful and realistic
Business and Industry Collaborative Programs	Students who desire work, have dropped out of school, and need incentives to complete a high school education
Multiagency Collaborative Programs involving Job Service, Mental Health, Human Services, Planned Parenthood, drug centers, vocational rehabilitation, YMCA, crisis pregnancy centers, community college, law enforcement, hospitals, etc.	Students who need help beyond the resources of the school and for whom services can make a difference in school success. Examples include delinquents, pregnant teenage mothers, drug abusers, abused children, unemployed youth, chronic health problems
Child Care Centers	Pregnant teenagers and teenage parents who need assistance in child care to complete their high school education
Intramural Sports and Activities	Students who cannot succeed in competitive sports and who may have difficulty identifying activities to have fun and recreation
Community Service Projects	Dropouts and potential dropouts or students needing to identify meaning to their education, a way to apply their learning, or means to get involved rather than remain isolated
Contractual Learning or Independent Learning through correspondence courses offered through colleges or private schools	Students who can only take one or two courses at a time because of work, ability, child care, health, or choice
Personalized Education Plans—a system of review and planning that communicates a caring atmosphere to students and encourages student involvement in determining their success and future	Students identified as at risk of school failure or dropping out, or who have dropped out and have returned
Student Class Transfer—students take same class under a different teacher	Students failing to succeed in classes with a given teacher

Service	Populations
Career and Vocational Education	Students needing a high school program that leads them to a meaningful career or a postschool training in an applied vocation; students who have a practical orientation to learning and need applied learning as part of their daily routine; students who need to apply basic learning to master the content and understand its usability
Drug-Free School Program including units of instruction, support assistance, discipline procedures for handling drug-related medical emergencies	Students involved with drugs; students not involved but wanting to help others; students who were involved and need continuous assistance and monitoring
Tutorial Hot Line via Community Volunteers	Students needing assistance with homework, special projects, other
Computerized, Remedial, and Tutorial Center	Students needing to upgrade reading or math skills; students needing assistance with homework
Special Programs and Related Services for Disabled Populations	MD, LD, BD; students with physical impairment, visual impairment, or multicategorical impairment; students who are profoundly multiple handicapped; students with speech and language impairment
Follow-Up Evaluation	Students who drop out; students completing special programs or alternative schools
Districtwide Needs Analysis by Building	Identification of students at risk of failing or dropping out

Elementary	Junior High/Middle	Senior High	Needs

Appendix G

Warning Signals of Suicide

I. Symptoms of depression and suicide

- Decreased energy
- Loss of interest in usual pursuits
- Hopelessness
- Sadness
- Loneliness
- Drastic changes in eating or sleeping patterns
- Unusual temper outbursts
- Lack of emotion
- Crying a great deal
- Feelings of rejection
- Drop in grades of a good student, or new concern about grades in a poor student
- Experience of loss (e.g., through death, divorce, or breakup of a relationship)
- Loss of self-esteem

II. Warning signals of suicide—behaviors

- Gives away valued possessions
- Composes a suicide note
- Puts affairs in order, as if preparing for a trip
- Talks about own funeral
- Resigns from all clubs, church groups, and organizations
- Becomes moody and depressed
- Takes unnecessary risks
- Withdraws from friends and family
- Is preoccupied with death or the afterlife
- Drug or alcohol abuse
- Trouble with the law

III. Warning signals of suicide—verbal statements

- "I hate life."
- "My parents would be better off without me."
- "I can't take it anymore. I want out."

"They'll be sorry for the way they treated me."

"I'm going to kill myself."

"I wish I were dead."

SOURCE: Federal Way School District (Washington D. C.)

Appendix H

Human Growth and Development Self-Study Tool

Self-Study Tool	Present Practice Adequate	Should Be Considered
Items marked with * are required by Iowa law		
A. Advisory Committee		
* 1. Each public school district has selected an advisory committee, either as a separate committee or as a function of the needs assessment committee.		
* 2. The advisory committee is composed of representatives of the following groups: parents, teachers, school administrators, pupils, health care professionals, clergy, business community, and other residents of the school district as deemed appropriate.		
* 3. The advisory committee understands its task as stated in Senate File 2094 (Appendix A) and is working toward addressing those topics to make recommendations to the school board.		
B. Planning		
1. A curriculum development process model is in place in the district and has been applied to planning for human growth and development. It addresses (a) research (b) development and adoption (c) implementation (d) monitoring, review, refinement (e) evaluation		
2. A curriculum mapping has occurred to chart (a) content objectives and concepts (b) materials and resources (c) degree of mastery (d) time allotments (e) grade levels (f) subject and disciplines		

	Present Practice Adequate	Should Be Considered
3. A curriculum-writing committee for human growth and development has been organized with K-12 representation from various disciplines.		
4. The district or school has identified how these areas will be addressed in Health, as well as where and when the topics are to be infused and integrated horizontally across the curriculum.		
5. A plan and timeline exists for completing the Human Growth and Development Curriculum.		
6. The school has an organized plan to adapt the curriculum to students with special needs, utilizing resources such as Special Education and Talented and Gifted support staff in planning.		
7. A student panel has been organized to give input and feedback to administrators, resource committee, curriculum committee, etc.		
C. Articulation, Integration, and Infusion		
* 1. An up-to-date curriculum guide outlining the K-12 educational sequence has been developed and is available for all teachers.		
2. Teachers have had inservice training on the curriculum, not only for their grade level or subject area, but to be aware of what is taught K-12.		
3. Teachers from the same grade level and same disciplines meet as a committee to examine curricular strategies and resources.		
4. Teachers from various grade levels and different disciplines meet to discuss horizontal integration and infusion.		

	Present Practice Adequate	Should Be Considered
5. Teachers from the transitional grades (elementary to junior high/middle school to senior high) meet to discuss curricular vertical articulation.		
6. There is a districtwide committee to monitor, encourage, and coordinate articulation, infusion, and integration.		
D. Parent and Community Involvement and Communication		
1. Coordination of community agencies and resources for at-risk students has been organized and implemented.		
2. Parents and community members are active participants on the advisory committee.		
3. Parents and guardians of enrolled students are provided information annually about the Human Growth Curriculum used in the grade level and the procedure for inspecting instructional materials prior to use in the classroom.		
4. Parents and guardians are notified of the process to use in filing a written request if students are not to receive instruction in human growth and development.		
5. Parenting skills and human growth classes for parents are offered periodically through general adult education classes provided by merged area schools or school boards.		
6. Administrators and teachers have had inservice training on how to interact and respond effectively with persons who might be critical of the curriculum.		

	Present Practice Adequate	Should Be Considered
7. There is a planned effort to develop support from established groups in the community (e.g., human services, ministerial associations, health care groups).		
8. Established groups (see #7) have been asked to serve as resources in the schools as appropriate for parent groups, class presentations, or other purposes.		
E. Evaluation		
1. The purpose of the evaluation has been determined. Items to evaluate might include (a) assessment of teacher "comfort level" (b) description of contents of the curriculum (c) assessment of the impact of the curriculum (d) assessment of the effectiveness of various curricular components (e) estimation of costs (f) identification of ways to improve delivery of the curriculum		
2. Groups to use the evaluation results have been determined. They might include (a) students exposed to the curriculum (b) administrators or committees making decisions concerning curriculum (c) legislators who mandated the curriculum (d) community		
3. The district has decided whether it desires collection of longitudinal data regarding knowledge, attitudes, and behaviors. If so, an instrument has been designed to collect pre/post data.		
4. A process has been determined for both pupil and program evaluation.		

Appendix I

School Checklists

Checklist 1. Key Characteristics of Your School

A. Location of your school (*Answer "yes" or "no"*)

- _____ Do most of your families work within 30 minutes (by car) of the school?
- _____ Do most of your families live within 10 minutes (by car) of the school?
- _____ Is there adequate public transportation to and from the school?
- _____ Do parents and teachers feel safe in the area around the school?
- Other _____

☐

Is this a problem area? If so, fill in the box.

B. Relations of the school with the community (*Answer "yes" or "no"*)

- _____ Does your staff tend to have the same ethnic and social background as the families in your school?
- _____ Do you consider the turnover rate of your staff high?
- _____ Has there been more than one principal in the last five years?
- _____ Do most of your children live in the immediate neighborhood?
- _____ Have there been any significant political battles about the school in recent years?
- Other _____

☐

Is this a problem area? If so, fill in the box.

C. The school facility as a resource to the community (*Answer "yes" or "no"*)

- _____ Is it open after school hours for visits or meetings?
- _____ Is there a community playground on the school grounds?
- _____ Is it available and used for community events or community education?
- _____ Is it a polling place on election day?
- _____ Does the school sponsor events for the community?
- _____ Does it provide space for daycare or after-school care?

_____ Are school resources and equipment available for community use (e.g., sports equipment, gymnasium, costumes, laboratories)?
Other _____

☐

Is this a problem area? If so, fill in the box.

D. The school's reputation in the community (*Answer "yes" or "no"*)

_____ Is it known for a strong academic program?
_____ Is it generally thought of as a "good" school?
_____ Is it free from chronic discipline problems and vandalism?
_____ Do many of the families in your attendance area use private or parochial schools?
_____ Does it offer a variety of nonacademic and extracurricular programs, both during and after school?
Other _____

☐

Is this a problem area? If so, fill in the box.

E. Special features for which the school is known (*Check any that apply*)

_____ Team teaching
_____ Open classrooms
_____ Tracking by ability or performance
_____ Smaller schools within the school
_____ Special and compensatory education programs
_____ Magnet programs
_____ Other strong programs (drama, music, sports, arts, etc.)
Other _____

☐

Do you see this as a problem area? If so, fill in the box.

Checklist 2.
Key Characteristics of
Families in Your School

A. What proportion of students come from: (*Estimate %*)

- _____ Single-parent households
- _____ Two-parent households
- _____ Foster homes or institutions
- _____ Nonparent households (relatives or guardians)

B. What proportion of children have ever experienced a serious disruption (separation, divorce, or death) in the family? (*Check one*)

- _____ Less than 25%
- _____ About half
- _____ The great majority

C. What is the economic/educational status of the families? (*Estimate %*)

- _____ Proportion below poverty level (or eligible for free lunch program)
- _____ Proportion with at least one college-educated parent
- _____ Proportion owning at least one automobile
- _____ Proportion with telephone at home
- _____ Proportion of those who have undergone serious economic stress within the last two years

D. What is the racial/cultural background of the families?

- _____ Proportion of racial minorities (*estimate %*)
- _____ Number of different languages spoken by parents (*and identify which ones*) _____
- _____ Proportion from cultural or religious minorities to which school should be sensitive (diet, holidays, medical issues, etc.) (*estimate %*)

E. What proportion of children live in families where both parents, or the custodial parent, are employed outside the home for most of the school day? (Check one)

_____ Less than 25%
_____ About half
_____ The great majority

F. How many children are left unsupervised for long periods before or after school? (Check one)

_____ Less than 25%
_____ About half
_____ The great majority

G. What is the proportion of families who are new to the community this year? (Check one)

_____ Less than 25%
_____ About half
_____ The great majority

H. What is the proportion of children who are handicapped or in need of special education? (Check one)

_____ Less than 10%
_____ Less than 25%
_____ About half

Checklist 3.

Key Characteristics for Assessing Family-School Relationships

Answer "yes" or "no"

A. Communication

- _____ Does the school have a hot line for parents and students to deal with emergencies, rumors, and other "burning questions"?
- _____ Do your policies encourage all teachers to communicate frequently with parents about their curriculum plans, expectations for homework, grading policies, and how they should help?
- _____ Do parents know where to go with concerns, questions, and complaints?
- _____ Does the principal review all the school's written communications, including report card format and how test results are reported, to make sure they are respectful of a parent's adult status and yet easy to understand?
- _____ Are parents informed of their rights? This includes access to school records, due process in disciplinary actions, and participation in special education decisions.
- Other _____

B. Parents as Collaborators and Problem Solvers

- _____ Does the school offer to set up teacher-parent conferences upon request?
- _____ Does the school provide inservice training or other opportunities to help teachers communicate and collaborate with parents?
- _____ Is there an early warning policy where teachers consult with parents promptly if a child is falling behind or having social behavior problems?
- _____ Does the school inform parents right away if a student doesn't show up for school? Are parents promptly consulted if there is a pattern of unexcused absences? (A "yes" to both parts of the question qualifies as a "yes" answer.)
- _____ Does the elementary school confer with parents on the choice of classroom settings and/or teacher?
- _____ Does the high school require parent approval on a student's choice of courses?

- _____ Are training and resources (such as a parent advocate) provided for parents of special education students to help them participate in the Individualized Education Plan and other processes?
Other _____

C. Parents as Advisors and Decision Makers

- _____ Does the school publish and keep current a policy handbook for parents and students that covers discipline, absences, homework, dress standards, parent and student rights, etc.?
_____ If the school needs to develop a new policy or program, is there a mechanism for obtaining parent input?
_____ Is there a parent-teacher organization that meets at least once a month?
_____ Do parents ever approach the principal on their own initiative to question general school policy or procedures, aside from situations that affect only their child?
_____ When a problem arises at the school, such as a sharp increase in vandalism or drug use or a significant decline in test scores, does the staff inform and enlist the help of parents immediately?
_____ Are there established procedures for dealing with parents' demands, especially those of a vocal minority?
Other _____

D. Outreach to Families

- _____ Is there a policy for informing noncustodial parents about their children's performance and school events?
_____ Do teachers sometimes meet outside school hours with parents who have jobs and cannot easily get away during a workday?
_____ Does the school hold evening and weekend events for its families so that employed parents (mothers, fathers, others) can come to see the school?
_____ If there is a substantial minority-language population at the school, are written communications provided in that language?
_____ Is there inservice training offered for teachers on how to deal with problems caused by divorce or separation, such as how to avoid being caught between warring parents, or the impact of family breakup on children?
_____ Are there any special programs, such as peer-group discussions, for students whose parents are separating, divorced, or deceased?
_____ Is there an outreach program for parents—especially minority groups—who do not participate at all in school events? For example, are there faculty or parent volunteers who are willing to make home visits or attend church meetings to answer questions, allay fears, and explain the importance of being involved in their children's education?

_____ If a particular parent refuses to cooperate with the principal or teacher, is there a school staff member trained to intervene and work with that parent?

Other _____

E. Parents as Partners

_____ Does the school have a written statement about partnership with parents that is clearly available, especially in all written publications?

_____ Are there inservice opportunities for training teachers to work with parents?

_____ Is time at staff meetings devoted to discussing working with parents and to reinforcing teachers' efforts with parents?

_____ Are teachers encouraged to consult with the principal if they are having difficulty dealing with a parent?

_____ Does the principal offer to sit in at meetings with teachers and parents or to mediate any dispute between them?

_____ Does the principal substitute in the classroom or make substitutes available to allow teachers and other staff to have meetings with parents?

_____ Does the school offer assistance to help parents with babysitting, transportation, or other logistical difficulties, so that they may attend school events?

_____ Are space, resources, and staff support (e.g., reasonable access to a copying machine, typing services, a desk) provided for parents' school-related activities?

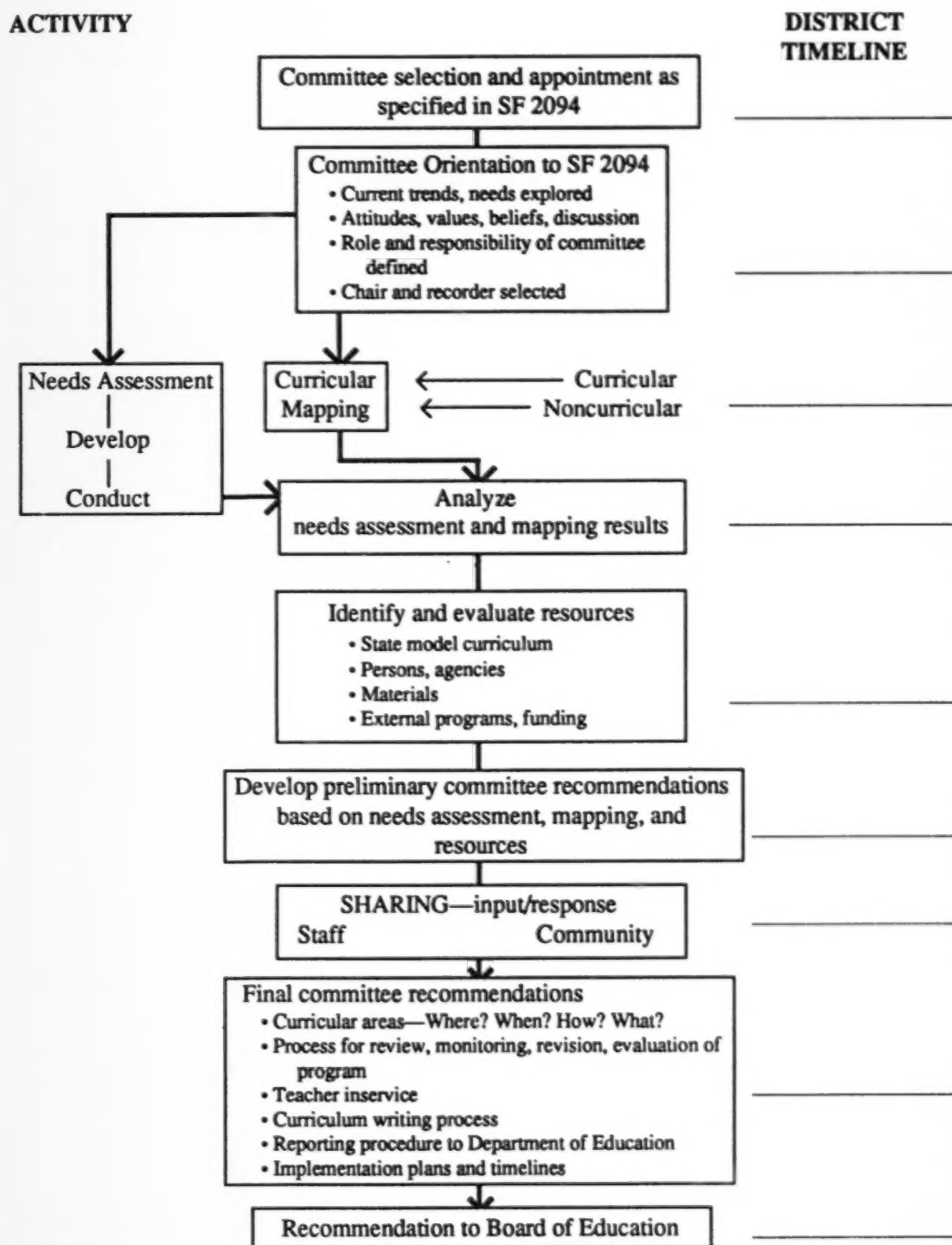
Other _____

Appendix J

Advisory Committee Suggested Flow Chart

While Senate File 2094 designates the composition and responsibility of the advisory (resource) committee for public school districts, the activities of that committee may be determined locally. Whether a school district has chosen to have a separate advisory committee or to combine the function with the needs assessment committee, the public school administrator or designee will need to determine leadership, extent of time, activities, timeline, and level of involvement of the committee. The flow chart represents a possible model for extensive involvement. It is recommended that each district decide the appropriate involvement for each resource community.

HUMAN GROWTH AND DEVELOPMENT ADVISORY COMMITTEE SUGGESTED FLOW CHART



Appendix K

Guidelines for Informing the Public about the Human Growth and Development Curriculum

Informing parents and patrons about the content of the Human Growth and Development Curriculum and allowing public input is crucial to the acceptance of the program. It is important for the public to understand the necessity for the program. Providing young people with information about themselves will not encourage inappropriate activity; facts do not necessarily affect behavior. Young people should have opportunities for developing the abilities to make responsible decisions, build self-esteem, handle stress, and become personally responsible for their behavior. It is also important to communicate to the public that the school is not attempting to replace the human growth education provided by parents and the church, but rather to assist in helping young people make informed decisions concerning their lives.

Failure to let the public know that a program in human growth and development is being developed may lead to distrust and suspicion. To eliminate the possibility of unfounded accusations from parents or patrons, the public should be kept informed openly and honestly. The following are suggestions for conducting public meetings about human growth and development programs.

1. Plan and conduct several meetings, in large or small groups, to inform parents and patrons about the Human Growth and Development Curriculum.
2. Inform parents of the meetings by sending a letter home.
3. Inform the community through a news release to the local newspaper if holding a large general meeting.
4. Include an agenda for the meeting in the letter and news release.
5. Establish ground rules and communicate those at the beginning of each meeting.
6. Make the agenda available to those in attendance and communicate the purpose of the meeting before the beginning.
7. Conduct the meetings in a positive manner; do not be defensive about teaching human growth.
8. Expect and accept a segment of the public that opposes the program. Do not let a vocal minority speak for a silent majority who favor the program. Remind parents of the option to have their children excused from any or all portions of the program.
9. Provide an opportunity for all to express concerns. Listen and acknowledge the concerns but do not argue.
10. Begin and end the meeting on time. Follow the agenda and do not let opponents disrupt the proceedings. If a disruption occurs, remind the person of the established ground rules.
11. Publicly thank all parents for taking time to attend the meeting and share their thoughts.

12. After one to two weeks, send a thank-you letter to all who attended the meeting and indicate what future activities are planned for the human growth and development program.

SOURCE: Adapted from Kansas State Department of Education publication

Suggestions for Preventing or Dealing with Possible Controversy

- Accept the fact that some controversy is inevitable.
- Generate support within the community with various publics as a preventative measure. Vary small- to large-size group meetings.
- Be open to people's input. Listen without being defensive or emotional. Respect differences.
- Be forthright with and accessible to the media. If you are not comfortable or knowledgeable as a spokesperson, contact qualified person(s) to prepare for interview or meeting.
- Seek legal advice before a controversial situation occurs or before responding to questions with legal implications.
- Express and publicize basic values, philosophy, and national and state law regarding the curriculum.
- Include abstinence as an important option in all sexuality and pregnancy prevention programs.
- Develop a public relations plan for the curriculum.
- Develop written guidelines for holding public meetings.
- Use quotations or statistics from local students on drug use, pregnancy, etc. to show need of program at the local level.
- Maintain open, frequent program communication with public, parents, and media—not only at crisis situations.
- Assure staff who are teaching human growth and development of their academic freedom to teach within the approved program. Precautions might include documentation of all student-raised questions and instructor response to information outside the approved curriculum.

- Follow requirements for notifying parents of their right to excuse their children and to examine the curriculum and materials that will be used with their child. Provide a publicized process for doing both.
- Prepare appropriate responses to anticipated questions. Rehearse them until they become natural.

Appendix L

Human Growth and Development Student Excuse Form

HUMAN GROWTH AND DEVELOPMENT STUDENT EXCUSE FORM

Student Name _____ Grade _____

Parent/Guardian _____ Telephone _____

Please list the curricular objective(s) from which you wish to have your child excused and the class or grade in which each is taught. An example is provided for you to follow.

Objective	Class/Grade
Ex.: To understand the consequences of responsible and irresponsible sexual behavior.	Health Education/6
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I have reviewed the Human Growth and Development program goals, objectives, and materials and wish my child to be excused from class when these objectives are taught. I understand my child will incur no penalty but may/shall be required to complete an alternative assignment that relates to the class and is consistent with assignments required of all students in the class.

Signed _____ Date _____
(Parent or Guardian)

Signed _____ Date _____
(School Administrator)

HUMAN GROWTH AND DEVELOPMENT

RESOURCES

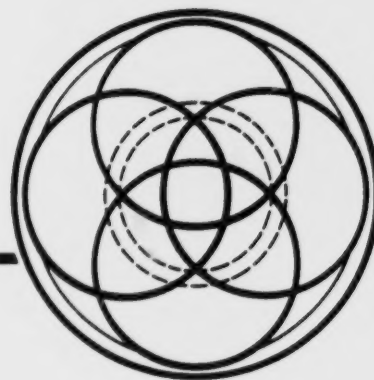
- **References Cited**

- **Additional Resources**

- Life Skills**

- Human Sexuality and Sexually Transmitted Diseases**

- Prevention and Intervention**



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Agencies

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American Association of School Administrators. School Administrators of Iowa, 4500 Westown Parkway, West Des Moines, IA, 50265. (515) 224-3310.

American Cancer Society. Iowa Division, Inc., 8364 Hickman, Clive, IA 50322.

American Red Cross. 2116 Grand Avenue, West Des Moines, IA 50265. (515) 243-7681.

Division of Medical Genetics, Department of Pediatrics. University of Iowa Hospitals and Clinics, Iowa City, IA 50265. (319) 356-2614.

Iowa AIDS Coalitions. *See* Iowa Department of Public Health.

Iowa Association of Alternative Schools (Dr. Ray Morley, Consultant). Department of Education, Grimes Building, Des Moines, IA 50309. (515) 281-3683.

Iowa Birth Defects Institute. *See* Iowa Department of Public Health.

Iowa Department of Education. Grimes State Office Building, Des Moines, IA 50319-0146.

Iowa Department of Public Health. Lucas State Office Building, Des Moines, IA 50314. (515) 281-6646.

Iowa State Library. E. 12th and Grand, Des Moines, IA 50319. (515) 281-4118.

The March of Dimes. 554 28th Street, Des Moines, IA 50312. (515) 280-7750.

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Additional Resources

LIFE SKILLS

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Agencies

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Iowa Department of Public Health. Division of Disease Prevention, Lucas State Office Building, Des Moines, IA 50319-0075. (515) 281-6801.

The National Center for Education in Maternal and Child Health. 38th and R Street, N.W., Washington, DC 20057. (202) 625-8400.

Iowa Public Television. 6450 Corporate Drive, Johnston, IA 50131. (515) 281-4500.

PREVENTION AND INTERVENTION

DROPOUTS

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Iowa Department of Education. *Rules of Special Education.* Des Moines: Bureau of Special Education 402

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National Dropout Prevention Center. *National Directory of Contacts in Dropout Prevention*. Clemson, SC: Clemson University (available from Tillman Hall, Clemson, SC 29634-0709).

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Agencies

National Center for Research in Vocational Education. Ohio State University, 1960 Kenny Road, Columbus, OH 43210. (614) 486-4655.

National Dropout Prevention Center. Clemson University, Tillman Hall, Clemson, SC. 29634-0709. (803) 656-3482 (contact John V. "Dick" Hamby).

70001 Training and Employment Institute. 600 Maryland Avenue, S.W., Suite 300, West Wing, Washington, DC 20024. (202) 484-0103 (contact Alta Cannaday).

Vocational Studies Center. University of Wisconsin-Madison, 1025 W. Johnson Street, 964 Education Services Building, Madison, WI 53706. (608) 263-3679 (contact Dr. Barbara Dougherty).

SUBSTANCE EDUCATION

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Agencies

Iowa Department of Education. Substance Education Program, Bureau of Instruction and Curriculum, Grimes State Office Building, Des Moines, IA 50319. (515) 281-3021.

Iowa Department of Public Health. Division of Substance Abuse and Health Promotion, Lucas State Office Building, Des Moines, IA 50314. (515) 281-3641.

ADOLESCENT PREGNANCY

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Education Research Group. *Teen Pregnancy: Impact on the Schools*. Alexandria, VA: Capitol Publications.

BIRTH DEFECTS, MENTAL RETARDATION, AND OTHER DEVELOPMENTAL DISABILITIES

Agencies

The March of Dimes Birth Defects Foundation produces educational materials on the causes, treatment, and prevention of birth defects, genetic disorders, and developmental disabilities. They have professional and public education catalogs available. March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605.

The National Center for Education in Maternal and Child Health (NCEMCH) is an organization developed by education and information services in maternal and child health to maintain up-to-date information about pregnancy, adolescent health, nutrition, child health, genetic disorders, chronic illness, developmental disabilities, and maternal and child health services and programs. To obtain their catalog of publications write: The National Center for Education and Maternal and Child Health, 38th and R Streets Northwest, Washington, DC 20057. Telephone (202) 625-8400.

There are many local, regional, and national disease-specific voluntary organizations. For information regarding a specific birth defect or genetic disorder, write to an individual organization. The National Center for Education in Maternal and Child Health publishes *A Guide to Selected National Genetic Voluntary Organizations*, which is available at a small cost. Telephone (202) 625-8400.

The Association for Retarded Citizens has numerous resources available at its national, state, and local chapters. Some chapters even provide guest lecturers to attend classes. For information about local chapters, contact the Association for Retarded Citizens/Iowa (ARC/Iowa), 715 East Locust, Des Moines, IA 50309. Telephone (515) 283-2358. For nationwide information write: The Association for Retarded Citizens of the United States, 2501 Avenue J, P.O. Box 6109, Arlington TX 76005. Telephone 1-800-433-5255.

The Coalition for Healthy Mothers, Healthy Babies exists on national and state levels. The national coalition produces a *Directory of Educational Materials* and has numerous educational materials and public service announcements available. The state coalition has also developed educational materials and public service announcements. Contact: The Iowa Coalition for Healthy Mothers, Healthy Babies, Iowa Department of Public Health, Lucas State Office Building, Des Moines, IA 50319. Telephone (515) 281-4907; or Healthy Mothers, Healthy Babies, 409 12th St. S.W., Room 523, Washington, DC 20024-2188. Telephone (202) 863-2458.

Curriculum Materials

Basic Genetics: A Human Approach. High school program: numerous activities demonstrate basic genetic principles and address the personal and social issues arising from the application of this new knowledge; includes comprehensive teacher's guide. Available from Kendall-Hunt Publishing Company, 2460 Kerper Boulevard, P.O. Box 539, Dubuque, IA 52001. Telephone 1-800-258-5622.

Birth Defects: Causes and Prevention. Audiovisual high school health/biology program: slide-tape show with text about the preventable causes of birth defects and ways to lower the risk of having a child with birth defects; includes slides, audiocassette tape, and teacher's manual. Available from the Pacific Northwest Regional Genetics Group (PacNoRGG), Crippled Children's Division, Oregon Health Sciences University, P.O. Box 574, Portland, OR 97297. Telephone (503) 225-8094.

Genes and Surroundings. Junior high/middle school program: numerous activities demonstrate genetic principles and their interaction with the environment. Available from Kendall-Hunt Publishing Company, 2460 Kerper Boulevard, P.O. Box 539, Dubuque, IA 52001. Telephone 1-800-258-5622.

Genetics: A Human Approach. Secondary school genetics unit: background information for the teacher, lesson plans, answer keys, and reproducible student materials; includes slides. A junior high school text is also available. Division of Medical Genetics, University of Colorado Health Sciences Center, 4200 East Ninth Avenue, Denver, CO 80262. Telephone (303) 394-8742.

A Human Approach to Genetics. Five-day genetics unit designed to be incorporated into a biology, family living, or health program: scientific health principles simply presented; includes glossary, bibliography, and student examination. Available from the Genetics Center, Depart-

ment of Pediatrics, Medical College of Ohio, C.S. 10008, Toledo, OH 43669. Telephone (419) 381-4435.

Human Genetics Control: Aladdin's Lamp or Pandora's Box? Resource unit for second year biology classes designed for students who have some basic genetics background; includes lecture outlines, activities, transparency masters, glossary, and extensive bibliography. Available from the Foundation for Blood Research, P.O. Box 190, Scarborough, ME 04074. Telephone (207) 883-4131.

Preventing Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects. High school curriculum guide: designed to educate students about fetal alcohol syndrome and alcohol-related birth defects; includes teacher's manual, masters for student text, worksheets, handbook for planning student-community prevention activities, and cartoon booklet. Available from the Association for Retarded Citizens (ARC) of the United States, National Headquarters 2501 Avenue J, P.O. Box 6109, Arlington, TX 76005. Telephone 1-800-433-5255.

Project Possible. Curricula for grades 6-8 and 9-10: Promote the prevention of birth defects and developmental disabilities through responsible decision making, planning pregnancy, avoiding genetic and environmental risks, and early prenatal care. Available from the Pasadena United School District, Project Possible, Room 215, 351 South Hudson Avenue, Pasadena, CA 91109.

Smooth Sailing into the Next Generation: The Causes and Prevention of Mental Retardation. High school health curriculum: 132-page illustrated textbook about the preventable causes of mental retardation; includes a glossary and bibliography. Available from the Pacific Northwest Regional Genetics Group (PacNoRGG), Crippled Children's Division, Oregon Health Sciences University, P.O. Box 574, Portland, OR 97207. Telephone (503) 225-8094.

You, Me and Others. Kindergarten through sixth grade genetic concepts program: "Variety" (K-2) discusses normal variation, "Change" (3-4) describes growth and development, "The Chain of Life" (5-6) introduces the concept of heredity; includes teacher's guide and lesson plans. Available from the March of Dimes Birth Defects Foundation, 1275 Mamronck Avenue, White Plains, NY 10605. Telephone (914) 428-7100.

Books

Goodman, Richard M. 1986. *Planning for a Healthy Baby: A Guide to Genetic and Environmental Risks.* New York: Oxford University Press.

Institute of Medicine. 1985. *Preventing of Low Birth Weight.* Washington, DC: National Academy Press.

Kelley-Buchanan, Christine. 1988. *Peace of Mind During Pregnancy: An A to Z Guide to the Substances that Could Affect Your Unborn Baby.* New York: Facts on File.

Mulunski, Aubrey. 1987. *How to Have the Healthiest Baby You Can*. New York: Simon and Schuster.

Office of Technology Assessment, Congress of the United States. 1987. *Healthy Children: Investing in the Future*. Washington, DC: U.S. Government Printing Office.

Smith, David W. 1979. *Mothering Your Unborn Baby*. Philadelphia: W. B. Saunders.

Computer Software

Birth Defects Series. Three-part series for high school students provides information regarding the causes, detection, diagnosis, treatment, types, and prevention of birth defects. Available from Projected Learning Programs, Inc., P.O. Box 2002, Chico, CA 95927.

Gene Machine. Program for high school biology students designed to study gene action. Available from HRM Software, 175 Tompkins Avenue, Pleasantville, NY 10570.

Genetic Applications. Ten tutorial diskettes teach human genetic principles, developed by the University of Colorado Health Sciences Center. Available from Learner Managed Designs, Lawrence, KS.

Human Genetic Disorders. Program for students of biology and health with special interest in human biology, human genetics, and human health. Available from HRM Software, 175 Tompkins Avenue, Pleasantville, NY 10570.

Linkover: Genetic Mapping. Program for high school students to demonstrate principles of genetic linkage and crossing over. Available from Conduit, The University of Iowa, Oakdale Campus, Iowa City, IA 52242.

Numerous other computer programs exist, please refer to software catalogs.

Videotapes

Alcohol: Crisis for the Unborn. 8-minute videotape describes the features of fetal alcohol syndrome and the impact on the family of having an affected child. Available from the March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. Telephone (914) 428-7100.

Genetic Screening: The Ultimate Preventive Medicine? 60-minute film overview of the biologic and psychosocial aspects of genetic screening for several genetic disorders (best used in an advanced biology or honors class). Available from Hard Choices Series, PTV Productions, P.O. Box 70, Kent, OH 44240. Telephone (206) 728-6463.

Healthier Babies: The Genetic Era. 20-minute videotape provides a broad overview of birth defects

and genetic disorders; shows children affected with Turner syndrome, phenylketonuria (PKU), spinal bifida, and fetal alcohol syndrome; emphasizes that birth defects are common and often treatable or even preventable. Available from the March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. Telephone (914) 428-7100.

Muscular Dystrophy: The Race for the Gene. Excellent 50-minute overview of the scientific progress in mapping the gene for Duchenne Muscular Dystrophy; compares this race to a marathon (especially appropriate for students in an honors biology class). Available from Coronet Film and Video, 420 Academy Drive, Northbrook, IL 60062. Telephone 1-800-621-2131. (Film #5049C).

One for My Baby. Excellent 30-minute videotape shows two children with fetal alcohol syndrome, describing features of the disorder and the impact on the families of having affected children. Available from Friends of WHA-TV, Attn: Program Marketing, 821 University Avenue, Madison, WI 53706. Telephone (608) 263-2121.

Our Genetic Heritage. 14-minute videotape provides an overview of human genetics including fertilization, the developing fetus, DNA, Huntington's disease, and prenatal diagnosis. Available from the March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. Telephone (914) 428-7100.

Guest Lectures

Staff members of the Iowa Department of Public Health's Birth Defects Institute and the University of Iowa's Division of Medical Genetics are willing to provide lectures to students and teachers wanting to learn about birth defects, genetic disorders, and developmental disabilities prevention. They can be contacted at the Birth Defects Institute, Iowa Department of Public Health, Lucas State Office Building, Des Moines, IA 50319, telephone (515) 281-6646; or the Division of Medical Genetics, Department of Pediatrics, University of Iowa Hospitals and Clinics, Iowa City, IA 52242. Telephone (319) 356-2674.

SUICIDE

Barret, Thomas C. 1987. *Youth in Crisis*. Longmont, CO: Sopris West, Inc. [available from 1120 Delaware Avenue, Longmont, CO 80501. Telephone (303) 651-2829].

Berkan, William A. 1986. *Suicide Prevention: A Resource and Planning Guide*. Madison, WI: Department of Public Instruction (available from Publications Sales Office, Wisconsin Department of Public Instruction, 125 South Webster Street, P.O. Box 7841, Madison, WI 53707).

Blundall, Joan, and Herzberg, Kim. 1988. *Children Growing Up in Changing Times: The Role of the School in Community*. Des Moines: Department of Human Services (available from Division of Mental Health, Mental Retardation and Developmental Disabilities, 5th Floor,

Hoover Building, Des Moines, IA 50319).

Bolton, Iris, and Mitchell, Curtis. *My Son, My Son: A Guide to Healing After a Suicide in the Family*. Atlanta, GA: Bolton Press (available from 1325 Belmore Way, N.E., Atlanta, GA 30338).

California State Department of Education. 1987. *Suicide Prevention Program for California Public Schools*. Sacramento, CA: State Department of Education (available from P.O. Box 271, Sacramento, CA 95802-0271).

Coping with the Sudden Death of a Student. Bettendorf High School, Mississippi Bend Area Education Agency, and Vera French Mental Health Center.

Dunne, Edward J.; McIntosh, John L.; and Dunne-Maxim, Karen. *Suicide and Its Aftermath: Understanding and Counseling the Survivors*. New York: W. W. Norton.

Fairfax County Public Schools. *The Adolescent Suicide Prevention Program*. Fairfax, VA: Fairfax County Public Schools (available from Belle Willard Administration Center, 10310 Layton Hall Dr., Fairfax, VA 22030).

A brief description of the steps Fairfax County schools took to establish a prevention program, many suggestions for AV resources, workshops, agendas, discussions, etc. This is a program description that allows districts to fill in details suitable for their own community. It is not a comprehensive program complete with materials.

Giovacchini, Peter. 1983. *The Urge to Die: Why Young People Commit Suicide*. New York: Penguin.

Guetzloe, Eleanor. *Suicide and Depression*. University of Florida.

Klagsbrun, Francine. 1984. *Too Young to Die: Youth and Suicide*. New York: Pocket Books.

Kramer, Patricia. 1988. *The Dynamics of Relationships*, 7th revised edition. Kensington, MD: Equal Partners [available from 11348 Connecticut Ave., Kensington, MD 20895, telephone (301) 933-1489].

Madison, Arnold. 1981. *Suicide and Young People*. Boston: Clarion/Houghton Mifflin.

McCoy, Kathleen. 1982. *Coping with Teenage Depression: A Parent's Guide*. New York: NAL.

Newark Mediaworks Production. 1987. *No Way Out—Teenage Suicide*. Newark, NJ: Newark Mediaworks (available from P.O. Box 1716, Newark, NJ 07101).

New Jersey Department of Education. *Adolescent Suicide Awareness Training Manual*. Trenton, NJ: New Jersey Department of Education (available from 225 West State Street, Trenton, NJ 09625).

Brief overview on youth suicide and appropriate intervention; a possible basis for local district program development.

O'Carrol, Patrick W.; Mercy, James; and Steward, John. 1988. *CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters*, 37 no. 56. Atlanta: Centers for Disease Control (available from Division of Injury, Epidemiology and Control, Center for Environmental Health and Injury Control, Centers for Disease Control, Atlanta, GA 30333).

Rabkin, Brenda. 1983. *Growing Up Dead: A Hard Look at Why Adolescents Commit Suicide*. Nashville: Abingdon.

Report to the Governor's Task Force on Teen Problems. 1987. *Adolescent Suicide in Iowa*. Des Moines: Iowa Department of Public Health.

Ross, C. 1986. *Suicide in Youth and What You Can Do About It*. Washington, DC: Youth Suicide National Center (available from 1825 Eye St. N.W., Washington, DC 20006).

Southwest Community Health Centers. *Prevention of Teenage Suicide: A Comprehensive, Proactive Program*. Columbus, OH: Southwest Community Health Centers, Inc. (available from 199 South Central Avenue, Columbus, OH 43223).

A community-based, school-focused program similar to Cherry Creek, containing training materials, news releases, referral forms, etc. \$160.00.

Teenage Suicide: Bibliography in Brief. 1981-1986. (Articles). Congressional Research Service, The Library of Congress, #L0675 (supersedes L0385), May 1986.

White-Bowden, S. 1985. *Everything to Live For*. New York: Poseidon Press.

Films

Altschul Group. *Fragile Time*. 930 Pitner, Evanston, IL 60202 (25 minutes).

Demonstrates the importance of intervention to help prevent suicide. Interviews with actual family and friends of three teenagers—one who has committed suicide, one who has attempted, and one who feels suicidal.

American Personnel and Guidance Association. *Adolescent Suicide: A Matter of Life and Death*. Falls Church, VA (39 minutes).

Coronet/MTI Teleprogram. *A Last Cry For Help*. Deerfield, IL (32 minutes).

—. *In Loveland: Study of Teenage Suicide*. Deerfield, IL (28 minutes).

—. *Suicide: The Warning Signs*. Deerfield, IL (24 minutes).

EXAR Communications, *Young People in Crisis*. 267B McClean Avenue, Staten Island, NY 10305 (30 minutes).

Training program for parents and teachers in recognizing behavior that may lead to suicide and effectively intervening in the lives of young people. No completed suicides are described.

Peichowski, Phil. *Suicide: The Preventable Death*. Des Moines: Iowa Department of Education, Bureau of Special Education.

Agencies

American Association of Suicidology. 2459 South Ash, Denver, CO 80222.

National Committee for Youth Suicide Prevention. 230 Park Avenue, Suite 835, New York, NY 10069.

National Peer Counseling Association. Unit of Educational Development, Bradley University, Peoria, IL 61625.

Suicide and Crisis Center. 2910 Swiss Avenue, Dallas, TX 75204.

Suicide Research Unit. National Institute of Mental Health, Room 101C26, 5600 Fishers Lane, Rockville, MD 20857.

Youth Suicide National Center. 1825 Eye Street, N.W., Suite 400, Washington, DC 20006. Telephone (202) 429-2016.

Film and media resources on youth suicide available. The films should be reviewed before showing and followed by discussion with a qualified leader.

These groups have developed suicide prevention materials for schools and will provide publication lists upon request (send stamped, self-addressed business envelopes). Educators should also check with local suicide prevention centers and community mental health centers for ideas and program guides.